

# Refund Request Form



**Personal Details- complete your details as currently on record at Leaders Institute**

Course Name : \_\_\_\_\_ Course Code : \_\_\_\_\_

COE No. \_\_\_\_\_ Title (Mr, Ms, Mrs etc.) \_\_\_\_\_

Student Number : \_\_\_\_\_

Family Name : \_\_\_\_\_

Given Names : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Student Type :  Domestic  International

Current mailing address : \_\_\_\_\_

\_\_\_\_\_

Town/Suburb: \_\_\_\_\_ Post Code : \_\_\_\_\_

Contact Number : \_\_\_\_\_ Email : \_\_\_\_\_

## Refund Requested

The reason for refund is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Refund Amount: AUD : \_\_\_\_\_

## Declaration

I declare that to the best of my knowledge the information supplied by me is true, correct and complete in every respect. I acknowledge that it is my responsibility to provide all necessary documentary evidence for refund. I acknowledge that I am subject to and must comply with any policies and procedures of Leaders Institute governing my conduct as a student and academic matters affecting my studies.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Office Use Only

Recipient Name: \_\_\_\_\_ Refund Amount Requested: AUD \_\_\_\_\_

Reason for refund : \_\_\_\_\_

\_\_\_\_\_

Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Refund Status:  Approved  Not Approved | Amount: AUD \_\_\_\_\_

Approver Comment : \_\_\_\_\_

\_\_\_\_\_

Approver Name: \_\_\_\_\_ Approver Signature: \_\_\_\_\_ Date : \_\_\_\_\_

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## Guidelines

### Domestic Student Refund Policy

A student who cancels their enrolment on or before the census date in a teaching period is entitled to apply for a refund of fees paid for that teaching period.

Refunds are issued by Electronic Fund Transfer (EFT) or cheque. Refunds will be issued within 14 working days.

### International Student Refund Policy

- Refunds are only paid in Australian dollars
- Payments are refunded:
  - Onshore by Electronic Funds Transfer (EFT) or cheque
  - Offshore by telegraphic transfer
- Requests for refunds of Overseas Student Health Cover (OSHC) must be made to your OSHC provider
- Refund payments will generally be made within 14 days of submitting the refund request form and all required supporting documentation

## Refund Method

### Electronic Fund Transfer (EFT)

Account Holder Name: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Swift Code: \_\_\_\_\_

BSB Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

### Cheque

Australian Mailing Address: \_\_\_\_\_

Town/ Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Post Code: \_\_\_\_\_

### Overseas Bank Account Details

Please print all details in BLOCK LETTERS with correct spacing of account number

Bank Sort Code/ ABA RT# or SWIFT Reference: \_\_\_\_\_

IBAN: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address of Bank with country: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Address of Account Holder

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country: \_\_\_\_\_