

## STUDENT REFUND APPLICATION FORM

STUDENT REQUESTING REFUND	
Student Name	
Student Number	
Course	
Reasons for request ( <i>with evidence</i> ):	
<p><b>If this application is approved, <u>Bank Account</u> details for payment:</b> (Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits)</p>	
Account Holder Name:	
BSB/IFSC Code:	Account No.:
Bank Name:	SWIFT Code:
IBAN No.:	
Payee Address:	
I authorise refunded amounts to be deposited into the above nominated account.	
Signature:	Date: ____/____/____
<p>Please submit the completed form in hard copy to the College Reception (ATT: Student Services Officer), or by email to <a href="mailto:accounts@smei.nsw.edu.au">accounts@smei.nsw.edu.au</a>. Please enclose further explanation or any evidence that you may have with the completed form so that College authority can consider your application as fully as possible.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• Under normal circumstances, refund application will be processed within four (4) weeks of the Request for Student Refund form being received by the college.</li> <li>• Refunds can be processed directly into a nominated bank account only through Electronic Funds Transfer (EFT).</li> <li>• Students are advised to check the most up to date Fees and Charges, and Refund Policy and Procedures before completing this form. This policy is accessible in College's website or, from College's Reception.</li> <li>• Students not satisfied with refund decision may appeal through the College's Appeals Handling Policy and Procedures</li> </ul>	

OFFICE USE ONLY	
Date of Receipt	
Name of Staff	
Decision	
Reason for Decision:	
Signature:	Date: ____/____/____