

F.18.02

REFUND OR TRANSFER OF FEES REQUEST FORM

STUDENT DETAILS

STUDENT NAME:		DOB:
STUDENT ID:	GROUP NO.:	PHONE NUMBER:
ADDRESS:		

COURSE DETAILS

COURSE NAME 1:	START DATE:
COURSE NAME 2:	START DATE:
COURSE NAME 3:	START DATE:

Which of the following are you applying for?

- 1 DEFERMENT OF FEES
- 2 TRANSFER OF FEES TO ANOTHER AVETA COURSE
- 3 REFUND

1. DEFERMENT OF FEES WITHIN AVETA

AVETA can defer your prepaid fees to a later intake

COURSE NAME:	ORIGINAL START DATE:
DEFERRED START DATE:	CoE No.:

AMOUNT TO BE DEFERRED: \$

2. TRANSFER OF FEES WITHIN AVETA

AVETA can transfer your prepaid fees to another course within the college.

OLD COURSE NAME:	START DATE:
NEW COURSE NAME:	START DATE:

AMOUNT TO BE TRANSFERRED: \$

3 REFUNDS

Please tick one or more box according to the type of refunding you are applying for

Tuition Fee Kit Uniform Shoes Other (please list): _____

PLEASE EXPLAIN THE REASON FOR THE REFUND (attach supporting documents)

	AMOUNT TO BE CLAIMED: \$

PREFERRED METHOD OF RECEIVING REFUND

<input type="checkbox"/> BANK DEPOSIT (Details below)	
<input type="checkbox"/> CASH	
If the student is onshore (i.e. in Australia), the student is required to complete the following details:	
ACCOUNT NAME:	
BSB NUMBER:	ACCOUNT NUMBER:
If the student is offshore (i.e. not in Australia), the student is required to complete the following details:	
ACCOUNT NAME:	
ACCOUNT NUMBER:	
SWIFT CODE:	
IFSC CODE:	
BANK NAME :	
BANK ADDRESS:	

STUDENT SIGNATURE:	DATE:
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OFFICE USE ONLY

RECEIVED BY:	DATE:
DECISION: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	AMOUNT: \$
DECISION BY CEO:	
NAME:	DATE:
REASON FOR NON-APPROVAL:	

- If applicable, the student has been notified in writing that their application has **not** been approved
 The original copy of this form will be placed in the student's individual file

NAME AND POSITION OF STAFF MEMBER COMPLETING THE ABOVE TASKS:	
SIGNATURE:	DATE:

<input type="checkbox"/> I confirm that this refund was calculated in accordance with the Legislative Instrument made under Section 47E	
PROCESSED BY:	
SIGNATURE:	DATE:

DEFAULT REPORT:	
PRISMS / TPS Default Report Created	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO please comment _____	
PROCESSED BY:	
SIGNATURE:	DATE: