

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

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|-----------------------------|-----------------------------|
| 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.

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|-------------------------|--------------------|
| 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)

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|--|---------------------------------|
| | |
| | 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: |

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

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