

Refund Application Form

Section A - Student Details			
Student Name:			
Student I.D.:		Date:	
Course/s Enrolled in:			
Email Address:			
Contact Number:			
Address:			
Section B - Refund Details			
Please tick the applicable box for the subject of your refund:			
<input type="checkbox"/> Tuition Fees <input type="checkbox"/> Other (please specify)			
Please tick to indicate the prominent reason that you are applying for your specified refund and elaborate on your circumstance in the space provided below.			
<input type="checkbox"/> Visa refused prior to course commencement (international students only) <input type="checkbox"/> The institute is unable to provide the course for which the original offer was made <input type="checkbox"/> Withdrawal 28 days or more prior to agreed start date as indicated on the most current Letter of Offer <input type="checkbox"/> Withdrawal within 28 days of the agreed start date as indicated on the most current Letter of Offer <input type="checkbox"/> Course withdrawn by college <input type="checkbox"/> Visa extension refused <input type="checkbox"/> Other (please specify)			
Elaboration:			
* Please note that refunds granted in the above circumstances may incur an education agent's fee where applicable. Refund application will be assessed according to Fees and Refunds Policy and Procedures as published on Ashton College website www.ashtoncollege.edu.au .			

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Refund payments (if approved) will be processed using the same method of payment that fees were originally paid with.

Refund Payable to:	
Address of Payee:	
Contact Number of Payee:	
Payment Method:	

- Cheque (to be sent to the above address)
- Cheque (collect from College Reception)
- Bank Transfer
- Credit Card (card number payment was originally made with)

In case of bank transfer, please fill out your bank details below:

Account Holders Name:	
Bank Name:	
Bank Address:	
BSB:	
Account Number:	
Swift Code:	

Please return this completed form to the college. If sending by email, please send to info@ashtoncollege.edu.au.

OFFICE USE ONLY

Refund Request:	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	
Amount Paid AUD:			
Finance Officer Signature:		Date:	
CEO Signature:		Date:	