

Refund Request Form				Refund No.	
<b>Section 1 – Student Details</b>					
Name:		Date:	/	/	
Student No:		Mobile:			
Email:					
Course:		Start Date:	/	/	
<b>Section 2 – Refund Details</b>					
I request a refund for the following:					
Invoice Number:					
Amount:	\$				
<b>Reason for refund: (Please attach any supporting documentation)</b>					
<input type="checkbox"/> Visa Refusal	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Credit Transfer			
<input type="checkbox"/> Visa Renewal Refusal	<input type="checkbox"/> Withdraw	<input type="checkbox"/> Deferment			
<input type="checkbox"/> Visa Breach of Condition	<input type="checkbox"/> Transfer				
<input type="checkbox"/> Other,	Description _____				
<b>Acknowledgement</b>					
I understand that my request for a refund will be processed in accordance with the Ultimate Institute of Australia Refund Policy.					
<b>Bank Details of Student</b>					
Swift Code:		BSB Number:		Account Number	
Account Name:					
Signature		Date:	/	/	
<b>Section 3 – Authorisation</b>					
Please tick the type of Refund:					
<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Transfer	<input type="checkbox"/> Other (please specify)		
<b>This Refund is:</b>					
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> ADJUSTED TO \$			
<b>Units or items to be refunded</b>					
Item or UOC	Name with Code or Item	Amount in Aud \$	Total amount		
Item or UOC					
Item or UOC					
Item or UOC					
Amount received					
Less cancelation fee					
Less application fee					
		<b>Total Amount of Refund</b>			

Refund Method is:			
<input type="checkbox"/> EFT / CC	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit to Students Ultimate Institute of Australia Ongoing Account	
Refund payable to	<input type="checkbox"/> Student		<input type="checkbox"/> Agent
<b>Signed:</b>		<b>Position:</b>	
<b>Print Name:</b>		<b>Date Processed:</b>	
Admin Use Only			
<b>Logged in FMS:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b> / /
<b>Logged by:</b>			<b>Signature:</b>
<b>Recorded in student file</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b> / /
<b>Recorded by:</b>			<b>Signature:</b>
<b>CEO Signature</b>			<b>Date:</b>