

Application for Refund

Please read the Skills Institute Australia Refund Policy available on our website in full or on your Student Agreement, prior to completing this application. Please note the following carefully:

- 1. Administration fees are not refundable
- 2. Materials fees are refundable only on a pro-rata basis
- 3. Refunds will only be paid into the same account from which the original payment was made
- 4. Refunds will only be processed after the original payment has cleared

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Family name

First name							
Date of birth							
Student ID							
leason/s for refund							
☐ Visa refused (attack	h documentary evidence from the Australian Department of Home Affairs/DHA						
☐ Withdrawing from	course due to compassionate or compelling circumstances (attach evidence)						
☐ I am changing educ	cation providers and a release letter has been granted by SIA						
☐ Permanent residence	ey status has been granted						
 ☐ I have failed to meet entry requirements / conditions on Letter of Offer ☐ Withdrawing from course due to academic difficulties 							
							☐ Withdrawing from
☐ My enrolment has l	been cancelled due to a breach of Student Rules						
☐ Other – give details	s below						
_							
pporting documents atta	nched						



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Account details for rel						
Name of Bank	CI					
BSB		A/C #				
Excerpt from Refund	policy					
to finalise incomplete course. This offer is av No refund is payable v any breach of the Stud Refunds will be consid	units of competency in a vailable within a 12-mo where students have had dent Rules. dered on a pro-rata bas	eve prior to completing to a future course, the origonth period from the time of their enrolment canceles is for students who fall in porting Medical Certification.	rinal fee can be used as e initial payment is mad lled by Skills Institute A ill or are injured to the	s a credit towards that de. Australia due to extent that they can no		
Declaration						
		he Skills Institute Austra				
		SIA Complaints and App	eals policy and proced	lure		
	supporting evidence (if	-	1 w. dimensi	1		
☐ I declare that th	ie information I have pr	rovided on this application	on and attachments is t	rue and correct		
Name		Date				
Signature						
Students are advised to possible.	make an appointment t	to discuss the situation w	vith the Compliance Ma	anager/ CEO where		
		OFFICE USE ONLY				
Officer			Date received			
Signature						
Referred to						
Action taken						
Amount paid by	-		Amount(s) eligible			

□ Yes □ No Amount \$

for refund

Date paid

student

Refund paid

Comments