

Refund Application Form

Student Name:		Student ID:	
Course:			
Student Address:			
Date Of Birth		Contact Number:	
Email Address:			
Date of Withdrawal (if applicable):			

Enrolment status	Please tick box
I have commenced my course	<input type="checkbox"/>
I have not commenced my course	<input type="checkbox"/>
I currently owe fees and want them reconsidered	<input type="checkbox"/>
Reason for refund request (<i>This application must be supported by additional documents that can be verified</i>):	

Deposit Account: You must write SWIFT code for overseas payment			
Bank Name:		Country:	
Account Name:*		SWIFT Code: *	
BSB: (if required)		Account Number:	
<input type="checkbox"/> I authorize refunded amounts to be deposited into the above nominated account.			

*If the account holder's name is different from student's name, documents to support the relationship must be provided.

Return the completed form to Accounts team on accounts@brighton.edu.au

Student Declaration

I declare that to the best of my knowledge the information supplied by me is true, correct and complete in every respect. I acknowledge that the submission of false, incorrect, incomplete or misleading information may result in cancellation of my enrolment or delays in processing, or that I may be subject to disciplinary action under the Brighton College policies.

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I acknowledge that I am subject to and must comply with Brighton College policies or procedures a student and academic matters affecting my studies.

Student Signature:		Date:	
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OFFICE USE ONLY			
Received by:		Date:	
Decision outcome (please tick):	<input type="checkbox"/> Approved <input type="checkbox"/> Declined		
Reason (s) for outcome:			
Refund Amount:		Refund Method:	
Approved by:		Processed by:	
Signature:		Student notified on (Date):	