

Refund Request Form

Name:		Refund No	
Student No:		Date:	
Email:		Mobile:	
Course:		Start Date:	
Invoice Number:		Amount:	

Reason for refund: (Please attach any supporting documentation)

- | | | |
|--|---|--|
| <input type="checkbox"/> Visa Refusal | <input type="checkbox"/> Cancellation | <input type="checkbox"/> Credit Transfer |
| <input type="checkbox"/> Visa Renewal Refusal | <input type="checkbox"/> Visa Breach of Condition | <input checked="" type="checkbox"/> Withdraw |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Deferment | |
| <input type="checkbox"/> Other,
Description _____ | | |

Student Declaration

- I have read and understood Westin College's Refund and Cancellation Policy.
- I have received the details about how my Refund has been calculated and agree to the refund calculated. I understand that I have the right to appeal the calculated amount.
- I understand that Westin College will not transfer any funds to a third party unless I explicitly request it in writing, in which case Westin College shall be released of any responsibility in relation to the refund, once the funds have been transferred as requested.

Student Name	Date
Signature	

Student Account

Swift Code:	BSB Number:
Account Number:	Account Name:

This Refund is: APPROVED DENIED ADJUSTED TO \$

Item and/or Course Code & Title	Amount in AUD \$	Total amount in AUD \$
Total Amount of Refund		

Refund Method

<input type="checkbox"/> EFT / CC	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit to Students Westin College Ongoing Account
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Refund Request Form

Refund payable to	<input type="checkbox"/> Student	<input type="checkbox"/> Agent
Student to Complete:		
I _____ have received in full my refund, as per stated in the Letter of Offer on this		
Date / /		
Signed by Student:		Date:
Westin College Agent Declaration: I _____ have refunded all monies paid by student to our organization in accordance with Westin College Refund Policy as listed on the Letter of Offer and have attached an electronic copy of repayment.		
Signed by Agent:		Position:
Print Name:		Date Processed:
Office Use Only		
Logged in Refund Register:		Date:
Logged by:		Signature:
Recorded in student file		Date:
Copy of electronic receipt placed on student file	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recorded by:		Signature:
Compliance/ Training Manager Signature		Date: