



Request for Fees Refund Form

STUDENT DETAILS	
Student Number:	Course Enrolled In:
Given Name:	
Family Name:	
Address <i>(Where notification of outcome will be sent)</i>	Number and Street Name:
	Suburb:
	State: Postcode:
Email:	Mobile:

Refund To - Payment details - All refund payments will be made in Australian Dollars.	
BSB Number:	Account Number:
Account Name:	Bank Name: ..

Reason for Refund (Please Tick)
<input type="checkbox"/> I am withdrawing from my course (Also complete the 'Withdrawal and Cancellation of Enrolment Form')
<input type="checkbox"/> The course I applied for is not being offered by Chelsea College
<input type="checkbox"/> Transfer to other Institution
<input type="checkbox"/> Other (please state)

Student Declaration	
<input type="checkbox"/> I have read and understood the refund policy and procedure available from the Institute, and I am aware that refund decision will be made as per the policy	
<input type="checkbox"/> The information provided on this application is true and correct to the best of my knowledge.	
<input type="checkbox"/> I understand a refund will only be made to an account in my own name or to the source account the funds were paid from, and have provided the required proof	
Student's signature:	Date:

Authorisation for Processing			
Action to be taken:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> ADJUSTED AMOUNT
Comments:			
Authorised by Name:		Date Processed:	
Amount to be refunded:			

OFFICE USE ONLY:	
Documentary evidence provided:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Evidence Type:	
Is student eligible for refund	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student Notified	<input type="checkbox"/> YES <input type="checkbox"/> NO
Student Management System Updated	<input type="checkbox"/> YES <input type="checkbox"/> NO
Processed by:	Date: