

## REQUEST FOR REFUND - DOMESTIC STUDENT

<b>PERSONAL DETAILS</b>	
Alliance College Student ID:	Date of Birth:
Family Name:	Given Names:
Postal Address:	
Contact Phone Numbers (day):	Email Address:
<b>COURSE ENROLLED:</b>	
Course Name:	
Course Start Date: ____ / ____ /20____	
<b>REASON FOR REFUND:</b>	
<input type="checkbox"/> Course Withdrawal <input type="checkbox"/> Overpayment of Course Fee <input type="checkbox"/> Other. Please specify _____	
<b>BANK DETAILS FOR REFUND PAYMENT:</b>	
(Please note: the payment must be refunded to the person who paid the tuition fee in the first instance)	
<i>AUSTRALIAN BANK ACCOUNT</i>	
<u>Bank Name:</u>	
<u>Account Name:</u>	
<u>BSB Number:</u>	
<u>Account Number:</u>	

**I have read and understand the refunds policy on my Letter of Offer and I certify that all information provided above, including supporting documentation and evidence, is true and correct.**

Student Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ /20\_\_\_

Are you under 18 years old?  Yes  No

If yes, your parent or guardian must sign below:

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ /20\_\_\_

**OFFICE USE ONLY**

Date Received	Refund Approved	Refund Confirmation Letter Issued	A'Com Checked	Date of Refund Paid (in compliance with ESOS requirements)
___ / ___ / ___	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	___ / ___ / ___