

## Refund Application Form

**Note:** Refund application must be made by completing Refund Application form FN108 and sending it to the Finance Department of the College. The Refund Application Form is available from the College's website. Refund application form must be submitted by email to [finance@atmc.edu.au](mailto:finance@atmc.edu.au), in person at reception or fax (03)9654 1049, attention "Finance Department". Refunds will be made within 20 working days of receipt of application and will include a statement explaining how the refund was calculated. A processing fee of \$300 will be deducted from any refund.

### Student Details

Student ID:	<input type="text"/>	Date of Birth:	<input type="text"/>
Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Email:	<input type="text"/>	Mobile:	<input type="text"/>

### Tuition Fees Refund Details

Course Code:  Course Name:

Has course already been commenced? Yes  No  Course Commencement Date:

Overseas Student Health Cover (OSHC) refund required: Yes  No

Please outline the reasons/circumstances for seeking a refund:

Please tick your preferred method of payment:

**Electronic Funds Transfer (EFT) - Australian bank account<sup>(\*)</sup>**

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ BSB: \_\_\_\_\_

Bank Name: \_\_\_\_\_

**Overseas Telegraphic Transfer - overseas bank account<sup>(\*)</sup>**

Account Holder's Name: \_\_\_\_\_

Account Holder's Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

SWIFTCODE: \_\_\_\_\_ IFSC(if applicable) \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

(\*) The refund will be paid to the student or another person nominated only once confirmed by the student in writing on this form (FN108). Any variations to the information on the form will require additional written consent from the student.

### Student Declaration

- I have read and fully understood the Refund Policy.
- I understand that completing this form does not guarantee a refund.
- I authorize ATMC to pay my refund to the nominated Bank Account as specified on this form. I understand that the accuracy and legibility of the provided banking details is my sole responsibility.
- I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the application.

Student Signature:  Date:

**FOR OFFICE USE** (use Refund Calculation Form and to be attached)

Date form received:  Administrator Name: \_\_\_\_\_ Signature:

Student/Agent Notified: Yes  No  Date:

Notes: