Level 9, 310 King Street Melbourne Victoria 3000, Australia Phone: 0061-3-9629 3693 Fax: 0061-3-9629 7146

Email: contact@einsteincollege.vic.edu.au
Website: www.einsteincollege.vic.edu.au

REFUND APPLICATION FORM

This form must be used by students applying for refund applications and sent to the College. If refund applications are lodged in any other way the applicant will be contacted by the College and required to complete this Student Refund Application Form. The full Fees and Refund Policy and Procedure is available on the website at: https://www.einsteinCollege.vic.edu.au/pdfs/Fees-and-Refund-Policy-and-Procedures.pdf. Applications for refunds will also be accepted by mail or by email. Refunds will be made within 28 days of receipt of this application and will include a statement explaining how the refund was calculated if the refund is approved.

Please fill form using CAPITAL/BLOCK LETTERS.

Date (DD/MM/YYYY): / /				Email Address:	
Student No.:				Mobile Phone No:	
Given Name:				Address:	
Family Name:				USI No.:	
Date of Birth : / /					
Course Code & Name:					
Reason for Refund Application:					
Student Bank Details:					
Bank Name:					
Bank Address:					
					
Account Name: BSB No.:					
Account Number:					
Swift Code (overseas banks):					
Amount of Refund being requested: \$					
Student Signature:					
FOR OFFICE USE ONLY					
Refund Approved:		□ Yes	□ No	Date: / /	
Refund Amount Approved: \$					
Approved By:	Name:			Refund transferred (if applicable)	☐ Yes ☐ No ☐ N/A
				PRISMS Updated (If applicable)	☐ Yes ☐ No ☐ N/A
				Wisenet Updated (if applicable)	☐ Yes ☐ No ☐ N/A
Position:				Refund Register Updated	☐ Yes ☐ No ☐ N/A
Signature:				Notification to student attached	☐ Yes ☐ No ☐ N/A
Comments:					