SITS COLLEGE

REFUND REQUEST FORM

STUDENT'S PERSONAL DETAILS:

Full Name:	
Date of Birth	
Course Name:	
Course Start Date:	
Phone No:	**Email:**
Address:	

REFUND DETAILS:

Reason for Refund (Add extra sheet if you find space is not enough to write reason)

_____

_____

Note: Please provide the relevant documents as evidence to support your request for refund.

Bank Transfer (Please enter bank account details in which you would like to receive your refund)

Bank Name			
Bank Branch			
Account Name			
BSB			
Account Number			
Swift Code		Country	

ACKNOWLEDGEMENT

□ I understand that my request for a refund will be processed in accordance with SITS College's Refund Policy.

□ I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.

Student Name: _____

Student Signature: _____Date:_____

OFFICE USE ONLY

Request received	Signature		Date	
Refund Applicable				
Comments		Date the letter was sent:		
Refund processed	Signature		Date	