



## REFUND REQUEST FORM

Details		Refund Type	Tick
Student Name:		VISA Refusal	
Student ID Number:		VISA Renewal Refusal	
D.O.B:		VISA Breach of Condition	
Course Name:		Withdrawal	
Course Start date:		Transfer	
Payment Date:		Cancellation	
<b>Section 1</b>			
<b>I request a refund for the following:</b>			
Invoice Number:			
Amount:			
<b>Reason: (Please attach any supporting documentation)</b>			
<b>Section 2</b>			
<b>Acknowledgement</b>			
<p>I understand that my request for a refund will be processed in accordance with BIT'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.</p>			
Name:			
Signature:		Date Submitted:	
<b>Name and details of bank account for payment of refund</b>			
Account name: _____			
Account address: _____			
Bank: _____ BSB Number: _____			



Account number: \_\_\_\_\_ SWIFT Code \_\_\_\_\_

Recipient Address: \_\_\_\_\_

## Authorisation

### Authorisation for Processing

Action to be taken:

APPROVED

DENIED

ADJUSTED AMOUNT

Comments:

Signed:

Position:

Authorised by  
Name:

Date Processed:

Amount to be refunded:

## Admin Use Only

### Refund Register

Logged in Refund Register:

Yes

No

Date:

Logged By:

Signature:

### Refund Processed

Email Sent to student:

Yes

No

Date:

Sent By:

Date:

### Appeal of Decision

Appeal Lodged:

Yes

No

Date:

Appeal number: