BRIGHTON INSTITUTE OF TECHNOLOGY

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	

Section 1

I request a refund for the following:

Invoice Number:	
Amount:	

Reason: (Please attach any supporting documentation)

Section 2

Acknowledgement

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.

Name:		Signature:	

Name and details of bank account for payment of refund

Account name: _____

Account address: _____

Bank: _____ BSB Number: _____
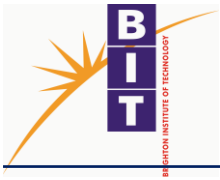
Account number: _____SWIFT Code_____

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:				