Refund Request Form

For information on fees and refunds, refer to Boston Institute's Refund Policy and Procedure. Please email the completed Refund Request Form to Boston Institute. The refund will be processed as per the Cancellation and Refund Policy and Procedure.

STUDENT DETAILS		
Given Name(s):	Family Name:	
Student Number:	Date of Birth:	Passport Number:
Telephone Number:	Mobile:	
Postal Address:	Suburb or Town:	
State	Postcode:	
Email Address:		

REASONS FOR REQUESTING A REFUND (Please tick one of the boxes below)
Read this section carefully and tick the appropriate reason(s). Please ensure that all required documentation is attached to this form. Failure to submit all required documents will delay authorisation and processing of the refund.

Reason	Required Documents
☐ Withdrawal from course	☐ Copy of Withdrawal form approved by
☐ Leave of absence	☐ Copy of leave of absence form approved by Education Hub
☐ Student visa rejected/cancelled	☐ Proof of inability to meet conditions (Administrative fee applies if proof is not submitted)
☐ Student didn't meet the conditions of offer	☐ Copy of letter(s) from the Australian Embassy/High Commission/DHA verifying the cancellation or rejection of visa
☐ Change of visa status: Permanent residency	☐ Copy of Passport; and ☐ Copy of permanent residency visa
☐ Student has overpaid	

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AUSTRALIAN BANK ACCOUNT DETAILS (Select one of the following options)			
Account Holder's Name			
Name of Bank		Branch	
BSB		Account Number	

OVERSEAS BANK ACCOUNT DETAILS			
Account Holder's Name			
Bank Address		IBAN/Routing	
City		Country	
Name of Bank		Branch	
Account Number		BANK/SORT/SWIFT Code	

Complete the details below if you made payment using a Credit or Debit Card. The card details provided must be the same as those used for the initial payment.	
Card Number	
Expiry Date	

DECLARATION

I have read and understood the Boston Institute's Refund Policies and Procedures. I confirm the information I have provided in this form is correct and true to the best of my knowledge. I understand the payment made by Credit or Debit Card is subject to the Payment Card Industry Data Security Standards and will only be refunded back to the original card.

Student Signature:

_____ Date: _____/_____/_____

ABN: 99 654 736 688
Address: Level 4, 60 York Street, Sydney, NSW 2000
Phone: 02 9836 6427
Website: www.bostoninstitute.nsw.edu.au | Email: info@bostoninstitute.nsw.edu.au | CRICOS Code: 04068C

Refund Request Form

OFFICE USE ONLY
Comments:
Refund amount:
Refund Approved By:_____ **Date:** _____/_____/_____

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