HE-EDF41 REQUEST FOR REFUND APPLICATION FORM

Abbreviations:

AHE	Apex Australia Higher Education
CoE / eCoE	Confirmation of Enrolment / electronic Confirmation of Enrolment
DoE	Department of Education
DHA	Department of Home Affairs
PRISMS	Provider Registration and International Student Management System

Person(s) who can request and receive refunds in respect of the international student are those identified in the Letter of Offer and Student Written Agreement (written agreement), consistent with the ESOS Act 2000. AHE will not authorise tuition fee transfers to any other institution or to other students.

Please ensure you have read the **International Student Refund Policy and Procedure** available on Apex Australia Higher Education website before completing this Form.

A: Course Details

Course Name	CRICOS Course Code	Tick your Current Course
Bachelor of Business	108145H	☐
Bachelor of Information Systems	114079G	☐
Master of Information Systems	114939A	☐

B: Enrolment Status

Enrolment	Please tick the status which reflects your situation.
I have commenced my course	☐
I have not commenced my course	☐
I currently owe fees and want them reconsidered	☐

Apex Australia Higher Education
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Office 5, 2 Sorrell Street, Parramatta NSW 2150 | Level 7, 123 Lonsdale Street, Melbourne VIC 3000
Tel: Australia +61 2 8007 6262

C: Student Details

Student Number:	Date of Birth: (dd/mm/yy)
	____/____/_____
Given Name:	**Family Name:**
Current Address:	
Current Phone Contact Details:	
Home:	Mobile:
Email Address:	

D: Reason for Refund Request:

1. Identify the reason for your request for a refund:
2. Please list the supporting evidence (visa refusal etc.)

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E: Bank Details

Please specify account details below (if the refund request is approved), the refunded money will be deposited into the account listed below.

Reminder: Please ensure you have read the International Students Refund Policy and Procedure (specifically 5.8 – Payment of refunds) available on Apex Australia Higher Education website.

Account Name:	
BSB:	**Account Number:**
Bank Name:	
Branch Address:	

F: Student Declaration

By signing below, I _____, declare that:

(Student Name)

1. That I have read the **International Students Refund Policy and Procedure**, available on Apex Australia Higher Education website before completing this Form.
2. The information supplied and attached in this application is true, complete and accurate.
3. I acknowledge that giving incomplete or incorrect information may delay the processing of this application.

Student Name:	
Student Signature:	
Date:	____/____/____

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G: Additional Information

1. All applications for course withdrawal to leave Apex Australia Higher Education, initiated by the student, will incur an administrative fee of $300.
2. AHE will refund any paid AHE course fees, where applicable, in accordance with the International Students Fees Refund Policy and Procedure.
3. In all cases, AHE will notify students of the outcome of the application for refund within two (2) working days of receipt of a completed and signed Request for Fees Refund Form with relevant documentation.
4. Approved refund requests will be paid within twenty-eight (28) days from the approval date.
5. Refunds will be paid directly into the authorised account of the person who entered into the contract with AHE, unless AHE receives written directions from the student applicant to pay someone else.
6. Refunds will be paid in Australian dollars.
7. All bank fees / charges incurred in issuing the refund will be deducted from the refund amount.
8. Students are not permitted to transfer course fees to another student unless the AHE approves it.
9. Please submit this completed Form and attached documentation to the AHE administration via email studentstupport1@ahe.edu.au or in person at campus reception.

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OFFICE USE ONLY	
Attached evidence (if required) has been verified (please circle):	Yes ☐ No ☐ N/A ☐
Name of the staff member who verified the provided evidence:	
The refund has been processed and the information entered the Student Management System:	Yes ☐ No ☐
Name of staff member who processed and updated the Student Management System:	
Additional Comments (follow up required, meeting etc.)	
Date:	____/____/____

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