

FEE REFUND REQUEST FORM



Complete this form in BLOCK LETTERS.

This form is required by International Student Visa Holders when applying for a refund. Please make sure that you have read and understood all the related policies – the [Fee, Charges and Refund Policy](#) – before submitting this form.

Section 01: PERSONAL DETAILS

Family name:	
Given name(s):	
Student ID Number:	
Date of Birth:	
Personal Email Address:	
Contact Number:	
Address:	

COURSE INFORMATION

Course Name:	
Course Start Date:	

Section 02: REASON FOR REFUND

Supporting documents/evidence must be attached. AIA may not be able to process a refund if satisfactory reasons and supporting documentation is not provided.

☐ Medical	☐ Visa Related
☐ Transfer to another provider	
☐ Other (please specify):	

Section 03: AUTHORITY DETAILS (if applicable)

Please fill out this section **ONLY** if the refund is to be transferred to an account other than that of the applicant or student.

Full name / Business:	
Relationship to Student:	
Address:	

☐ I authorise the person / business mentioned above to receive my claimed refund from Analytics Institute of Australia

Section 04: BANK DETAILS

Please fill out this section with the bank details to which the refund must be processed.

Bank name:	
Bank Address:	
IBAN / IFSC:	
Branch Number / BSB:	
Account Number:	
SWIFT Code:	
Account Holder's Name:	

Note: If Section 03 has been filled out, please ensure consistency between the Account Holder's name and the full name of the authorised person / business mentioned previously.

STUDENT DECLARATION

I declare that:

- The information I have provided is correct.
- The documents provided are genuine.
- All supporting documents are provided with this Form.
- I authorise the person / business mentioned above to receive my claimed refund from Analytics Institute of Australia (if applicable)

I am aware that:

- I am subject to the Analytics Institute of Australia [Fees, Charges and Refund Policy](#) and the approval of a release letter request does not constitute a guarantee of refund for any payments made to the Analytics Institute of Australia.

Student Signature:

Date:

PRIVACY STATEMENT

Analytics Institute of Australia collects personal information about you for the purposes of administering your enrolment in your chosen education course(s) or unit(s) of study. We may not be able to process your request if you do not provide all the information requested on this form. We may disclose personal information about you in accordance with our Privacy Policy including to your education agent, and to the Australian government as required or authorised by law. Our Privacy Policy contains detailed information about how you can access and correct the personal information we hold about you or make a privacy complaint.



FOR OFFICE USE ONLY

Refund Request

☐

Granted

☐

Declined

If Granted

Note: Please refer to Fee Refund policy for applicable criteria

Eligibility

☐

Full Refund

Amount: AUD\$

☐

Partial Refund

Amount: AUD\$

Applicable Criteria

Refund by (date)

If Declined

Notify student

Reason(s) for decision:

If Approved

Approver's Name:

Approver's Signature:

Date:

