

Refund Request Form

Personal Details- complete your details as currently on record at Global Leadership Institute

Course Name : _____ Course Code : _____

COE No. _____ Title (Mr, Ms, Mrs etc.) _____

Student Number : _____

Family Name : _____

Given Names : _____

Date of Birth : _____

Student Type : ☐ Domestic ☐ International

Current mailing address : _____

Town/Suburb: _____ Post Code : _____

Contact Number : _____ Email : _____

Refund Requested

The reason for refund is: _____

_____ Refund Amount: AUD : _____

Declaration

I declare that to the best of my knowledge the information supplied by me is true, correct and complete in every respect. I acknowledge that it is my responsibility to provide all necessary documentary evidence for refund. I acknowledge that I am subject to and must comply with any policies and procedures of Global Leadership Institute governing my conduct as a student and academic matters affecting my studies.

Student's Signature _____ Date _____

Office Use Only

Recipient Name: _____ Refund Amount Requested: AUD _____

Reason for refund : _____

Recipient Signature: _____ Date: _____

Refund Status: ☐ Approved ☐ Not Approved | Amount: AUD _____

Approver Comment : _____

Approver Name: _____ Approver Signature: _____ Date : _____

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Guidelines

Domestic Student Refund Policy

A student who cancels their enrolment on or before the census date in a teaching period is entitled to apply for a refund of fees paid for that teaching period.

Refunds are issued by Electronic Fund Transfer (EFT) or cheque. Refunds will be issued within 14 working days.

International Student Refund Policy

Refunds are only paid in Australian dollars

Payments are refunded:

- o Onshore by Electronic Funds Transfer (EFT) or cheque
- o Offshore by telegraphic transfer

Requests for refunds of Overseas Student Health Cover (OSHC) must be made to your OSHC provider

Refund payments will generally be made within 14 days of submitting the refund request form and all required supporting documentation

Refund Method

☐ Electronic Fund Transfer (EFT)

Account Holder Name: _____

Bank: _____

Branch Address: _____

Swift Code: _____

BSB Code: _____

Account Number: _____

☐ Cheque

Australian Mailing Address: _____

Town/ Suburb: _____

State: _____

Post Code: _____

☐ Overseas Bank Account Details

Please print all details in BLOCK LETTERS with correct spacing of account number

Bank Sort Code/ ABA RT# or SWIFT Reference: _____

IBAN: _____

Name of Bank: _____

Address of Bank with country: _____

Account Number: _____

Name of Account Holder: _____

Address of Account Holder

Street Address: _____

Suburb: _____ Town/City: _____

State: _____ Post Code: _____

Country: _____