



Refund Request Form

Section 1 – Student Details

Name:		Date:	/ /
Student No:	Mobile	Email:	
Address:			
Course Code		Start Date:	/ /
Course Title			

Section 2 – Refund Details

I request a refund for the following:

Invoice Number:		Amount:	
Reason for refund: (Please attach any supporting documentation)			
<input type="checkbox"/> Visa Refusal	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Credit Transfer	
<input type="checkbox"/> Visa Renewal Refusal	<input type="checkbox"/> Withdraw	<input type="checkbox"/> Deferment	
<input type="checkbox"/> Visa Breach of Condition	<input type="checkbox"/> Transfer		
<input type="checkbox"/> Other			
Description _____			

Acknowledgement

I understand that my request for a refund will be processed in accordance with the Australian Tertiary Institute Refund Policy.

Bank Details of Student

Swift Code:		BSB Number:		Account Number	
Account Name:					

Section 3 – Authorisation

This Refund is: APPROVED DENIED

Units or items to be refunded

Item or UOC	Amount in AUD \$	Total amount
Overseas Student Health Cover (OSHC) for Single, 2 years		
Airport pickup		
Accommodation Fee		
Application Fee (Non-Refundable)		
Course Material Fee for		
Course Tuition Fee for		

Version: 002

Responsibility: Compliance & CEO

Last reviewed: 30 November 2022

Next review: 30 November 2023

Campus: All

RTO No: 45365

CRICOS No: 03691K



<input type="checkbox"/> Other (Please specify)		
Total Amount of Refund		

Refund Method is:

<input type="checkbox"/> EFT / CC	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit to Students Australian Tertiary Institute Ongoing Account	<input type="checkbox"/> Demand draft/bank cheque returned
Refund payable to	<input type="checkbox"/> Student <input type="checkbox"/> Agent		
Agent / student to complete:	<input type="checkbox"/> Confirmation of refund	Signature by agent/student	

Note: Application fee of \$350.00 will be deducted from the fees where applicable.

ATI Declaration: I _____ Have refunded all payment by student to our organization in accordance with ATI Refund Policy as listed on the Letter of Offer and have attached an electronic copy of repayment

Signed by :		Position:	
Print Name:		Date Processed:	

Admin Use Only

Logged in Refund Register:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
Logged by:			Signature:	
Recorded in student file	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
Copy of electronic receipt placed on student file	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Recorded by:			Signature:	