Australian Tertiary Institute

RTO Code: 45365
CRICOS Provider Code: 03691K

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)

☐ Visa Refusal   ☐ Cancelation   ☐ Credit Transfer
☐ Visa Renewal Refusal   ☐ Withdraw   ☐ Deferment
☐ Visa Breach of Condition   ☐ Transfer
☐ 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: 02 February 2024
Next review: 01 February 2025

Campus: All
RTO No: 45365
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☐ Other (Please specify)		
Total Amount of Refund		

Refund Method is:			
☐ EFT / CC	☐ Cheque	☐ Credit to Students Australian Tertiary Institute Ongoing Account	☐ Demand draft/bank cheque returned
Refund payable to	☐ Student	☐ Agent	
Agent / student to complete:	☐ 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:	☐ Yes	☐ No	**Date:**	/ /
Logged by:		**Signature:**	
Recorded in student file	☐ Yes	☐ No	**Date:**	/ /
Copy of electronic receipt placed on student file	☐ Yes	☐ No		
Recorded by:		**Signature:**	

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