

***Student Information**

First Name		Last Name	
Student ID		D.O.B	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	Contact No	
Email Address			
Postal Address			
Suburb		State	Post Code

Refund Details

Course code and Name	

Reason for Refund

Family Problems
 Transferring to another RTO
 Cancelling Enrolment
 Others
 Visa Refusal
 Withdrawal
 Deferment
 Suspension

Please elaborate on your circumstances:



If you intend to leave Australia ?

When do you intend to leave Australia ?

To Process Refund, Please fill in the following details:

Bank Name		Account Name	
BSB		Account No	
SWIFTCODE		Branch Code	
Branch Address			

Amount Paid	\$	Date Paid	
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Student Acknowledgement

Signature		Date	

I authorise Global Institute of Education to process my refund into the following bank account and I understand that my request for a refund will be processed in accordance with the [Global Institute of Education Refund Policy](#)

FOR OFFICE USE

Evidence Submitted Yes No

Type of Document

Approval : Refund Approved Refund Not Approved No Refund Necessary

Refund Processed Direct Debit Bank Cheque

Date Refunded

Amount

Comments

Director Signature

Date

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