



**REFUND REQUEST FORM**

STUDENT DETAILS			
Student Full Name			
Date of Birth			
Student ID			
Phone			
Residential Address			
Email			
Course Name and Code			
Course Start Date			
FINANCIAL INSTITUTION DETAILS			
Account Name			
Bank Name			
BSB		Account Number	
REASON FOR REFUND REQUEST			
<input type="checkbox"/> VISA Refusal <input type="checkbox"/> VISA Renewal Refusal <input type="checkbox"/> VISA Breach of Condition <input type="checkbox"/> Course Withdrawal <input type="checkbox"/> Provider Transfer <input type="checkbox"/> Cancellation <input type="checkbox"/> Other Reason Please attach documents supporting your reason/s.			
I REQUEST A REFUND FOR THE FOLLOWING:			
Invoice Number			
Amount			
STUDENT ACKNOWLEDGEMENT			
I understand that my request for a refund will be processed in accordance with Veritas Institute Australia's Refund Policy. I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.			
Student signature		Date	



**FOR OFFICE USE ONLY**

AUTHORISATION FOR PROCESSING			
Action to be taken	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Adjusted Amount		
Amount to be refunded			
Reason for action			
Authorised by Name		Position	
Signed		Date	
REFUND REGISTER			
Logged in Refund Register	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Logged by		Signature	
REFUND PROCESSED			
Formal Letter Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Sent by		Signature	
APPEAL OF DECISION			
Appeal Lodged	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Appeal number		Appeal Received by	