



FEE REFUND REQUEST FORM

STUDENT DETAILS

Student Full Name			
Student ID			
Date of Birth			
Phone/Mobile			
Residential Address			
Email			
Course Name and Code			
Course Start Date			

FINANCIAL INSTITUTION DETAILS

Account Name			
Bank Name			
BSB		Account Number	

REASON FOR REFUND REQUEST

- VISA Refusal
- VISA Breach of Condition
- Course Withdrawal
- Provider Transfer
- Change of VISA
- Overpayment / Incorrect Payment
- Change of Course
- Other Reason

Please attach documents supporting your reason/s. Refunds cannot be processed without appropriate supporting documents

I REQUEST A REFUND FOR THE FOLLOWING

Invoice Number / Reference			
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	
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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 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	