

First Name(s):

www.aidt.edu.au

1300 561 248



admissions@aidt.edu.au

## **Refund Form**

Student details

Family Name:

Student ID:						Date of Birth:				
Phone Number:	Email:									
Student Name	tudent Name									
Suburb and Postcode:										
Amount to be refunded:										
Original Receipt No.:	Date of receipt:									
Type of payment:						Date issued:				
Approved by Accounts:						Date:				
	Course details									
				Cour	se details					
Course Code and	Course Code and Name									
Course Start Date										
Please tick the refund type you are requesting										
Refund Type								Please Tick the box		
1. Visa refused prior to course commencement.										
2. Withdrawal at least 10 weeks prior to agreed start date.										
3. Withdrawal at least 4 weeks prior to agreed start date.										
4. Withdrawal less than 4 weeks prior to agreed start date										
5. Course withdrawn by Australian Institute of Digital Technology (Before the agreed start date).										
6. Australian Institute of Digital Technology is unable to provide the course after course start date (for which the original offer was made)										
7. The course is not provided fully to the student because the Institute has a sanction imposed by a government regulator.										
8. Visa extension is refused										
9. Withdrawal from study - current students (not including English Language Studies' students) with confirmed extenuating circumstances)*										

## YOUR PATH TO EXCELLENCE



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\*Students may have extenuating circumstances that prevent them from attending scheduled course dates that may include but are not limited to illness, family or personal matters, or other reasons that are out of the ordinary. Where evidence can be successfully provided to support the student's circumstances, course fees may either be transferred to the next available course where applicable, or a refund of unused course fees will be issued. This decision of assessing the extenuating circumstances rests with the CEO and shall be assessed case by case.

Method of Refund Bank Transfer Cheque / Draft

Beneficiary Bank SWIFT/BIC Code (Overseas) or BSB (In Australia)						
Beneficiary Bank Name						
Address						
Country						
Account Holder's Name						
Account Number						
Mailing Address for Cheque / Draft						
Student declaration						
L	authoriz	e the above named a	account holder	to receive my refund.		
Student Name						
Student Signature		Date	1	/		



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## **Refund Form**

For office use only									
Form receipt									
1	Received By		Date	1	/				
	Signature								
CEO Approval									
2	Approved?	(Pass the form and statement detailing the calculation of the refund to accounts to process payment).	Amount Approved: AUD\$						
		NO (Send notification to student explaining in the student file).	the reason for rejec	ction. Attach a copy of t	the rejection with t	his form and file it			
	CEO Comments								
	Name		Signature		Date	/ /			
Accounts Processing									
3	Name		Signature						
	Date of payment	1							
NOTE: Place attach a copy of the statement detailing the calculation of the refund and payment receipt with this form and file it in the student file									