


REFUND APPLICATION FORM

Student Details			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr <input type="checkbox"/> Other
Given Name		Surname	
Email address		Phone Number	
Student Number		<input type="checkbox"/> Domestic	<input type="checkbox"/> International
Postal Address			
Suburb:	State:	Postcode:	
Course			

Reason for Refund Request <i>(Include documentary evidence to substantiate your claim where relevant)</i>
<p><i>Note: All refunds are subject to the terms and conditions outlined in the Spring Hill Colleges Fee, Charges, and Refund Policy and Procedure as presented to the students via student handbook at the time of enrolment. Lodging a refund application does not automatically imply that a refund will be granted. Each refund application will be individually assessed for eligibility.</i></p>


Bank Details to Deposit Refund	
<p><i>Note: Refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits. Also, please note the person/company who paid the fees will receive the refund only.</i></p>	
Bank Name	Account name
BSB	Account Number
Country	
Overseas Bank Account	SWIFT code:
	IFSC code (India only):
	IBAN Number (EU countries):

Acknowledgement			
<i>I declare that the information I have provided is true and complete and that it is my responsibility to provide the necessary documentation to support my application.</i>			
Student Signature		Date	
<i>(If student is younger than eighteen (18) years of age and is in the care and control of a parent or guardian)</i>			
Parent/Guardian Name			
Parent/Guardian Signature		Date	

For Office Use Only			
CEO or Delegated Person			
Name			
Application approved	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, provide reason			
Signature		Date	
Administration			
Name			
Student Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature		Date	

