



Student Refund Application

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NOTE: All refunds are subject to the terms and conditions outlined in the Aviation Australia *Student Refund Policy*. Lodging a refund application does not automatically imply that a refund will be granted. Each refund application will be individually assessed for eligibility. An Administration Fee will be applied as outlined in the Aviation Australia Student Refund Policy

STUDENT DETAILS			
Student number:	Family Name:	Given Name/s:	Student: <input type="checkbox"/> Domestic <input type="checkbox"/> International
Email address:		Phone:	Mobile:
Postal address:		State/Country: Post Code:	
REASON FOR REFUND REQUEST (** Documentary evidence must be attached)			
<input type="checkbox"/> Domestic Students	1. <input type="checkbox"/> Student withdrawal prior to start of study date (on or before the Census Date for FEE Help or VET Student Loans eligible students)		
	2. <input type="checkbox"/> Student withdrawal on/or after start of study date (or after the Census Date for FEE-HELP or VET Student Loans eligible students)		
<i>Select reason below:</i>			
<input type="checkbox"/> Units cancelled by employer (User Choice funded students only)			
<input type="checkbox"/> Medical circumstances **(supported by doctor's statement)			
<input type="checkbox"/> Family circumstances ** (supported by an Aviation Australia manager of the relevant training delivery team)			
<input type="checkbox"/> Employment Related Circumstances ** (supported by employer's statement)			
<input type="checkbox"/> Course Related Circumstances ** (supported by an Aviation Australia manager of the relevant training delivery team)			
<input type="checkbox"/> Other (please specify)			
<input type="checkbox"/> International Students	Student Withdrawal:		
	<i>Select reason below:</i>		
<input type="checkbox"/> Student choice Visa rejection.			
<input type="checkbox"/> Withdrawal by Aviation Australia due to incorrect or incomplete information supplied by student.			
<input type="checkbox"/> Medical circumstances ** (supported by doctor's statement)			
<input type="checkbox"/> Family circumstances ** (supported by an Aviation Australia manager of the relevant training delivery team)			
<input type="checkbox"/> Course Related Circumstances ** (supported by an Aviation Australia manager of the relevant training delivery team)			
<input type="checkbox"/> Other (please specify)			
DOMESTIC STUDENTS ONLY (If approved, provide details on how the refund is to be issued)			
Refund payable to:		State:	Post Code:
<input type="checkbox"/> Direct bank account deposit: <input type="checkbox"/> Account Holder/s:		BSB:	Account number:
INTERNATIONAL STUDENTS ONLY (If approved, all refunds to be deposited into nominated bank account)			
Refund payable to:		Beneficiary Account Name:	BSB:
Country:		Bank Name:	
Bank Address:			
Overseas bank account	SWIFT code:	IFSC code (India only):	IBAN number (For EU countries):



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INTERMEDIARY BANK Yes No

Intermediary Bank Name:

Intermediary Bank SWIFT code (Routing number/BIC number):

Intermediary Account Number:

Country:

THIRD PARTY DETAILS (This section must be completed if the refund is to be paid to a Third Party. Third Party refunds MUST be signed by the student where no official Third Party Contract exists)

<input type="checkbox"/> Organisation <input type="checkbox"/> Individual	ABN / Date of Birth:	Name:
Email address:	Phone:	Mobile:
Postal address:	State/Country:	Post Code:

ACKNOWLEDGEMENT

<input type="checkbox"/> I certify that the information on this form is correct and complete	<input type="checkbox"/> Student <input type="checkbox"/> Aviation Australia
<input type="checkbox"/> I have attached copies of any supporting documentation required to support my refund application	<input type="checkbox"/> Student <input type="checkbox"/> Aviation Australia
Student Signature:	Parent/Guardian Name and Signature <i>(If student is younger than eighteen (18) years of age and is in the care and control of a parent or guardian)</i>
Date:	Name: Contact phone no:
	Signature: Date:

OFFICE USE ONLY

REFUND RECOMMENDED: <input type="checkbox"/> Yes <input type="checkbox"/> No	REFUND AUTHORISED BY FINANCIAL DELEGATE: Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, reason:	If no, reason:
Name of submitting Officer: Date:	Pro-rate refund amount approved: \$
Position:	Name: Position title: Signature:
Signature:	
Change of enrolment processed <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	NON APPROVAL SENT TO STUDENT: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Is the Admin fee to be applied <input type="checkbox"/> Yes <input type="checkbox"/> No	REFUND PROCESSED BY (Finance Officer) Name: Refund no:
Account Balance / Pro Rata Refund Approved: \$	Name: Date:
Less Administration Fee (if applicable): \$	Signature:
Total refund to be paid: \$	Date:
ACTIONS COMPLETED BY INTERNATIONAL:	
Name:	
Date:	