

To be completed electronically by International Admissions or Partner Provider staff.

CRICOS Provider Number:	00103D
Campus / Teaching Location:	
Date:	
Student ID:	
Student Name:	
Program:	
Commencement Date:	
Withdrawal Date:	

Please refer to the [Refund for International Students Procedure](#) for the applicable refund clause.

Reason for Refund

Applicable refund clause:	
Special or extenuating circumstances:	
PRISMS Comment:	

Refund Calculation

Fee Type	Amount Paid	Refund Due	Formula
Tuition (AUD)			
OSHC (AUD)			
TOTAL			

Method of Refund Payment (please tick appropriate method)

EFT Credit Card Cheque Bank Draft TT

Prepared by: (name)	
Approved by: (name)	
Approved by: (title)	
Approved by: (signature)	
Approval Date:	