



Refund Request Form

Note: Please make sure that you have read and understood all the related policies – in particular, the Fee Refund Policy – before submitting this form

Student ID:			
Student Name:			
Enrolled Course(s) (Please list all the courses you are enrolled in)	Course Code:		Title:
	Course Code:		Title:
	Course Code:		Title:
Full Address:			
	Country:		Postcode/ZIP:
Reason(s) for Request for Refund – Fill in the Details (Supporting documents/evidences must be attached. SP International College may not be able to process a refund if satisfactory reasons and supporting documentation is not provided)	Medical		
	Visa related		
	Transfer		
	Other		
Bank Details for Electronic Refund (As applicable)	Bank Name:		Branch Number/BSB:
	Bank Address:		Account Number:
	IBAN:		Swift Code:
Student Declaration:	Declaration: I have fully read and understood refund policy and understand that the refund can only be made to myself or a personal authorised by me in writing.		
Sign:			Date:



ADMIN use only:

Refund Request	Granted		Declined
If Granted	Eligibility	Full refund	Amount: A\$
		Partial refund	Amount: A\$
	Applicable Criteria		
	Refund by	Date:	
Note: Please refer to Fees & Refund Policy for applicable criteria			
If Declined	Reason(s) for Decision:		
Notify student			
Approved by	Name:	Signature:	Date:

Please handover this form at reception desk of SP International College at
adhikaripathaksamiksha@gmail.com.