

## Fee Refund Form

<b>Relevant Standards</b> SRTO 2015: 5.3, 7.3 The National Code 2018: Standard 2, 3	<b>Linked Documents</b> Student Fess Policy Fee Refund Policy and Procedure Student Agreement
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*Student to complete the following sections:*

<b>Note:</b> Please make sure that you have read and understood all the related policies – in particular the <b>Fee Refund Policy</b> – before submitting this form			
<b>Student ID (if given)</b>			
<b>Student Name</b>			
<b>Enrolled Course(s)</b> <i>(Please list all the courses you are enrolled in)</i>	Course Code		Title
	Course Code		Title
	Course Code		Title
<b>Full Address</b>			
	Country		Postcode/ZIP
<b>Reason(s) for Request for Refund – Fill in the Details</b> <i>(Supporting documents/evidences must be attached. STATES College may not be able to process a refund if satisfactory reasons and supporting documentation is not provided)</i>	<b>Medical</b>		
	<b>Visa Related</b>		
	<b>Transfer</b>		
	<b>Other</b>		
<b>Bank Details for Electronic Refund (As applicable)</b>	<b>Account holder name</b>		<b>Branch Number/BSB</b>
	<b>Bank Address</b>		<b>Account Number</b>
	<b>IBAN</b>		<b>SWIFT Code</b>
<b>Student Declaration and Signature</b>	<b>Declaration:</b> I have fully read and understood State College’s refund policy and understand that the refund can only be made to myself or a personal authorised by me in writing.		
		Date	

**ADMIN use only**

**Process Flow: >>Student Admin >>CEO >>Response to the Student**

<b>Refund Request</b>	<input type="checkbox"/> Granted		<input type="checkbox"/> Declined	
<b>If Granted</b> <b>Note:</b> Please refer to <b><i>Fee Refund Policy</i></b> for applicable criteria	Eligibility	<input type="checkbox"/> Full Refund	Amount: A\$	
		<input type="checkbox"/> Partial Refund	Amount: A\$	
	Applicable Criteria			
	Refund by	Date:		
<b>If Declined</b> <i>Notify Student</i>	Reason(s) for decision:			
<b>Approved by</b>	Name	Signature		Date: