



Refund Request Form

Full name			
Date of birth	Click here to enter a date.	Student ID	
Email contact			
Phone contact			
Course Title/Code:			
Enrolment Start Date			
Current Status	☐ Enrolled ☐ Withdrawn ☐ Deferred ☐ Cancelled		

Section 1: REASON FOR REQUEST

Field	Response
Refund Type Requested	☐ Full ☐ Partial ☐ Other (specify)
Amount Requested (AUD)	
Original Payment Method	☐ Bank Transfer ☐ Credit Card ☐ Other
Bank Account for Refund (if applicable)	Name: _____ BSB: _____ Acc. No: _____

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Section2: REFUND DETAILS

- ☐ Austra College course cancellation
- ☐ Visa refusal – Before commencement
- ☐ Visa refusal – After commencement
- ☐ Withdrawal ≥ 10 weeks before start
- ☐ Withdrawal 4–10 weeks before start
- ☐ Withdrawal < 4 weeks before start
- ☐ Other (please explain): _____

Explanation:

Section3: SUPPORTING DOCUMENTS (ATTACH)

Required if applicable

- ☐ Withdrawal Form
- ☐ Visa Refusal Letter
- ☐ Medical Certificate / Compassionate Grounds
- ☐ Proof of Payment
- ☐ Other: _____

Section4: DECLARATION

I declare that the information provided above is true and correct. I understand that refunds will be processed according to Austra College's Fees & Refund Policy and may take up to 20 business days. I also understand that submission does not guarantee approval and appeal options are available.

Student Signature: _____

Date: ____ / ____ / 20__

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Section5: OFFICE USE ONLY

Checklist	Notes
☐ Application Received	Date: _____
☐ Supporting Docs Verified	☐ Yes ☐ No
☐ Logged in Refund Register	By: _____
☐ Eligibility Reviewed by Compliance	☐ Approved ☐ Denied
☐ CEO Authorisation	Name: _____
☐ Refund Processed	Amount: \$_____ Date: _____
☐ Outcome Notified	Date: _____
☐ Appeal Lodged (if applicable)	Date: _____

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