# **BE EDUCATED & FEEL EMPOWERED**



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#### **REFUND FORM**

**Family Name:** 

## **Student details**

First Name(s):

		Date of Pivil				
Student ID:		Date of Birth:				
Phone Number:		Email:				
Student Address:						
Suburb and Postcode:						
Amou refun	unt to be ded:					
Original Receipt		Date of receipt:				
Type of payment:		Date issued:				
Approved by Accounts:		Date:				
Course details						
Course Code and Name						
Course Start Date						
Please tick the refund type you are requesting						
Refund Type						
1.	Visa refused prior to course commencement.					
2.	Withdrawal at least 10 weeks prior to agreed start date.					
3.	Withdrawal at least 4 weeks prior to agreed start date.					
4.	Withdrawal less than 4 weeks prior to agreed start date.					
5.	Course withdrawn by College (Before the agreed start date).					
6.	College is unable to provide the course after course start date (for which the original offer was made)					
/.	The course is not provided fully to the student because the Institute has a sanction imposed by a government regulator.					
8.	Visa extension is refused					
	Withdrawal from study - current students (not including English Language Studies students) with confirmed extenuating circumstances)*					
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"Students encountering unforeseen circumstances, such as illness, family obligations, or other exceptional situations, may be unable to attend scheduled course dates. In such cases, upon successful submission of supporting evidence, course fees may be transferred to the next available intake/course, or a refund of unused fees can be arranged. The assessment of extenuating circumstances is at the discretion of the CEO and will be evaluated on a case-by-case basis."

Method of Refund   Bank Transfer  Cheque / Draft						
Beneficiary Bank SWIFT/BIC Code (Overseas) or BSB (In Australia)						
Beneficiary Bank Name						
Address						
Country						
Account Holder's Name						
Account Number						
Mailing Address for Cheque / Draft						
Student declaration						
Iauthorize the above named account holder to receive my refund.						
Student Name						
Student Signature	Date / /					



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#### **REFUND FORM**

# For office use only

Form receipt					
1	Received By	Date /			
	Signature				
CEO Approval					
2	Approved?	Pass the form and statement detailing the calculation of the refund to accounts to process payment).  Amount Approved:  AUD\$			
		NO (Send notification to student explaining the reason for rejection. Attach a copy of the rejection with this form and file it in the student file).			
	CEO Comments				
	Name	Signature Date / /			
Accounts Processing					
3	Name	Signature			
	Date of payment	1 1			
NOTE: Please attach a copy of the statement detailing the calculation of the refund and payment receipt with this form and file it in the student file.					