

Refund Request Form - CRICOS

Instructions:

1. This form is for any international student studying at Quality Training & Hospitality College (QTHC) who wants to apply for a refund of course fees
2. Please attach any supporting documents to this form (e.g. Visa refusal notice, medical certificate, offer letter from another provider).
3. Any refund request will be made in accordance with the terms of your signed Acceptance Agreement and QTHC's refund policy. Please review these documents and consider the terms before you submit your application.
4. This form should be completed in full and returned with supporting documentation to the International Student Support Officer. Incomplete forms will not be accepted.

Details		Refund Request Type	Tick
Date:		VISA Refusal	
Name:		VISA Renewal Refusal	
Student ID:		VISA Breach of Condition	
Course start date:		Withdrawal from Course	
Phone:		Transfer to another Provider	
Email:		Cancellation by QTHC	

Section 1

I request a refund for the following:

Invoice Number:

Amount:

Reason: (Please attach any supporting documentation)

Section 2. Bank Account for Refund Payment (if approved)

Account Name:		Bank Name:	
Account Number:		SWIFT Code:	
BSB Number:		Country of Bank:	
Bank Address			

Section 3

Acknowledgement

I understand that my request for a refund will be processed in accordance with Quality Training & Hospitality College Refund Policy and my signed Acceptance Agreement.
I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.

Print Student Name:

Student Signature:

CRICOS Number: 02880B		RTO Number: 1036
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OFFICE USE ONLY

Authorisation

Authorisation for Processing

Action to be taken:	APPROVED	DENIED	ADJUSTED AMOUNT
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Comments:

Signed:

Position:

Print Name:

Date Processed:

Amount to be refunded:

Recording of Refund in Accounts System

Logged in Accounts:	Yes	No	Date:
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Logged By:

Refund Processed

Formal Letter Sent:	Yes	No	Date:
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Sent By:

Appeal of Decision

Appeal Lodged:	Yes	No	Date:
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Appeal processed by:

**Outcome of Appeal/
Comments:**