



Application For Refund

Student Number _____ Date _____ (DD/MMM/YYYY)

Full Name _____ Date of Birth _____ (DD/MMM/YYYY)

Course _____ Course Start Date _____ (DD/MMM/YYYY)

Address _____

I wish to apply for a refund for my tuition fees paid for course described above.

1. My reason for applying for a refund

Please tick Box that indicates your circumstances

Enrolment Fee		Non-refundable
Tuition Fees		
<input type="checkbox"/>	Visa refused prior to course commencement	Full refund
<input type="checkbox"/>	Withdrawal at least 10 weeks prior to agreed start date	90% refund of Semester Fee
<input type="checkbox"/>	Withdrawal at least 4 weeks prior to agreed start date	50% refund of Semester Fee
<input type="checkbox"/>	Withdrawal less than 4 weeks but 2 weeks prior to agreed start date	25% refund of Semester Fee
<input type="checkbox"/>	Withdrawal in less than 2 weeks prior to course start date	No refund and full semester fee is payable.
<input type="checkbox"/>	Visa cancelled due to student actions	No refund and full semester fee is payable.
<input type="checkbox"/>	Course withdrawn by Windsor College	Full refund including enrolment fee
<input type="checkbox"/>	Windsor College is unable to provide the course for which the original offer was made	Full refund
<input type="checkbox"/>	Withdrawal from study - current students	No refund and full semester fee is payable.
<input type="checkbox"/>	Compulsory Health Insurance (Student Visa holders only)	Refer to OSHC provider

Bank Details BSB _____ Account Number _____

Account Name _____

Please note where the student withdraws from the course without notification or breaches their visa conditions no refund is payable and current semester.

Signature _____ Date _____ (DD/MMM/YYYY)

For office use only

Approved Not Approved

Received by _____ Date _____ Processed by _____ Date _____

Approved amount _____ Comments _____