

## **Australian Institute of Science and Technology**

Sea English Academy International Pty. Ltd. RTO Code: 30645 CRICOS Provider Code: 03677G ABN: 13 103 369 151 ACN: 103 369 151

Suite 1, Level 6, 341 Queen Street Melbourne VIC 3000

Ph: +61 461543335 www.aist.edu.au info@aist.edu.au

## **SA-FM-13 Refund Application Form**

This form is to be completed in accordance with AIST's Fees and Refund Policy and Procedures which can be found on AIST website <a href="https://www.aist.edu.au/">https://www.aist.edu.au/</a>

| found on AIST web  | site https://www.aist.e   | edu.au/                                 |                                     |   |               |  |  |  |
|--|---|---|-------------------------------------|---|---------------|--|--|--|
| Student Name:  |   |   | Student ID:                         |   |               |  |  |  |
| Date of Birth  |   |   | Country                             |   |               |  |  |  |
| Mobile   |   |   | Email                               |   |               |  |  |  |
| Address  |   |   |                                     | <u> </u>  |               |  |  |  |
| Course Name  |   |   |                                     |   |               |  |  |  |
| Course realite   |   |   |                                     |   |               |  |  |  |
| Reason for refu  | nd {Please tick <b>)</b> :  |   |                                     |   |               |  |  |  |
|  |   |   |                                     |   |               |  |  |  |
| <b>D</b> Visa Refusa   | I (a copy of letter of v  | visa rejection requ                     | ired)                               |   |               |  |  |  |
| <b>D</b> Withdrawal  | and discontinue of c  | urrent enrolled co                      | urse                                |   |               |  |  |  |
| <b>D</b> Withdrawal and discontinue of future scheduled course |   |   |                                     |   |               |  |  |  |
| <b>D</b>   | nt of course fees:  |   | <del>-</del>                        |   |               |  |  |  |
|  |   | ide explanation an                      | nd attach this to re                | efund form, including a   | nv supporting |  |  |  |
|  |   |   |                                     | Department of Home  |               |  |  |  |
| Refund of OSHO   | Overseas Studen   | t Health Cover)                         |                                     |   |               |  |  |  |
| in Australia, AIS forward the OSH                              | T will claim the OSH<br>C refund to the stude<br>nt has arrived or resi | IC refund from in<br>ent upon receiving | surance compan<br>the refund from t | as not arrived and has yon behalf of the stu he health insurer. | dent and wil  |  |  |  |
| Mode of refund   | payment   |   |                                     |   |               |  |  |  |
| <b>D</b> Australian  | Bank Transfer:  |   |                                     |   |               |  |  |  |
|  | nstitution:   |   |                                     |   |               |  |  |  |
|  | lame:   |   |                                     |   | <del></del>   |  |  |  |
|  |   |   |                                     |   | _             |  |  |  |
| <b>D</b> Internation   | nal Bank Transfer   |   |                                     |   |               |  |  |  |
|  | ie:   |   |                                     |   |               |  |  |  |
|  | ress:   |   |                                     |   | <del>-</del>  |  |  |  |
|  |   |   |                                     |   | <del>-</del>  |  |  |  |
|  |   |   |                                     |   |               |  |  |  |
|  | lo  |   |                                     |   | <u> </u>      |  |  |  |
| Swift Code   |   |   |                                     |   |               |  |  |  |



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| Declaration:  | I declare that the information provided by me is true and complete and that it is my responsibility to provide all necessary documentation to support my request for refund. I agree and have read and understand AIST's Fess and Refund policy for international students. |       |   |  |       |  |  |
|---|---|-------|---|--|-------|--|--|
| Printed Name:                                       |   |       |   |  |       |  |  |
| Student Signature:                                  |   |       |   |  | Date: |  |  |
| If the refund is paid to a student's signature to a |   |       | • |  | •     |  |  |
| Refund Approved:                                    | □ Yes   | □No   |   |  |       |  |  |
| Reason/s not approved (if applicable)               |   |       |   |  |       |  |  |
|   | Printed N   | lame: |   |  |       |  |  |
| Approved by   | Signature:  |       |   |  |       |  |  |
|   | Date  |       |   |  |       |  |  |