

FEE REFUND FORM

Student Agreement

Student to complete the following sections:

Note: Please make sure that you have read and understood all the related policies – in particular the Fee Refund Policy – before submitting this form				
Student ID (if Given)				
Student Name				
Enrolled Course(s) <i>(Please list all the courses you are enrolled in)</i>	Course Code		Title	
	Course Code		Title	
	Course Code		Title	
Full Address				
	Country		Postcode/ZIP	
Reason(s) for Request for Refund – Fill in the Details <i>(Supporting documents/evidence must be attached. ITI may not be able to process a refund if satisfactory reasons and supporting documentation is not provided)</i>	Medical			
	Visa Related			
	Transfer			
	Other			
Total Refund Amount Requested (AUD)				
Bank Details for Electronic Refund(As applicable)	Bank Name		Branch Number/BSB	
	Bank Address		Account Number	
	IBAN		SWIFT Code	
Student Declaration and Signature	Declaration: I have fully read and understood ITI's refund policy and understand that the refund can only be made to myself or a personal authorized by me in writing.			
				Date

ADMIN use only

Process Flow: >>Student Admin >>CEO >>Response to the Student

Refund Request	Granted		Declined
If Granted <u>Note:</u> Please refer to <i>Fee Refund Policy</i> for applicable criteria	Eligibility	Full Refund	Amount: A\$
		Partial Refund	Amount: A\$
	Applicable Criteria		
	Refund by	Date:	
If Declined <i>Notify Student</i>	Reason(s) for decision:		
Approved by	Name	Signature	Date: