AILFE
AUSTRALIAN INSTITUTE OF LANGUAGE AND FURTHER EDUCATION

Empowering knowledge for corporate excellence

Student Refund Form

Student's Details

First Name_____Last Name_____

Contact Number_____Email_____

Address_____

Course Code/Title _____

Reason to apply for refund

_____

_____

_____

Supporting documents *(Copy of visa refusal letter/Offer Letter from other provider/Medical Report)*

_____

_____

Student's Bank Details

Student's (Beneficiary) Name_____

Student's (Beneficiary) Contact Number _____

Student's (Beneficiary) Email Address _____

Bank Name_____Account Number_____

BSB Number_____SWIFT CODE_____

Please note that the refund calculation method and processing time frame are stipulated in the International Student Refund Policy.

Declaration

I declare that to the best of my knowledge, the information supplied herein is correct and that the documentary evidence supporting this application is authentic. I authorise the Institute to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the

documentation I have provided. I acknowledge that the submission of incorrect or false information may result in forfeiting all the fees I paid.

Student Signature_____Date_____

OFFICE USE ONLY

This form is received by_____on_____.

Remarks

_____

_____

_____

_____

Refund

Fees Paid	
Less Application Fee	
Less Administration Fee	
Less Other Deduction	
Total Refund	
Refund Date	

Finance Manager Signature _____ Date_____