



University of South Australia Centre for English Language

| Form Received: |
|----------------|
| Date: |
| Initial: |
| |

REFUND REQUEST FORM

To be completed by all students requesting a refund. All relevant fields MUST be filled out or this form will NOT be accepted.

| <u></u> | | | | | | |
|--|-------------------------|----------|---|-------------|----------------------|--|
| Part A – Personal Details | | | | | | |
| Student ID: | | | | | | |
| Family name: | | Giv | ven names: | | | |
| Contact number: | | Da | te of Birth: | | | |
| Email address: | | | | | | |
| Where are you / have you been studying? | | | SAIBT | | CELUSA | |
| Part B – Refund Reason – documentation is re | quired, | see | back of form for de | etails | | |
| □ Withdrawal □ Difference in tuition fees □ Accommodation fees □ Failure to meet English language requirements □ Transfer to another registered provider | ☐ Vi | isa r | English language re refusal r: please specify | • | | |
| Please provide details: | | | | | | |
| | | | | | | |
| Part C – Payment Details (Select one option only | . If bank | trai | nsfer, ALL details m | าust be fi | lled out) | |
| ☐ Re-credit to SAIBT | | | | | | |
| ☐ Cheque, payable to: | e picke | d up | from the Student | Services : | Centre. | |
| Bank transfer – Australian Bank | - | | fer – International | | | |
| Bank name: | Bank name: | | | | | |
| Account name: | unt name: Bank Address: | | | ress: | | |
| BSB no: SWIFT C | | | Code: | | | |
| Account no: Account | | | t name: | | | |
| Account | | | t no: | | | |
| Part D – Student Declaration | | | | | | |
| Your request will be assessed in accordance with the Refuhttp://www.saibt.sa.edu.au/policieshttp://www.unisa.edu.au/Study-at-UniSA/International-st | | | _ | | | |
| The review process can take up to 4 weeks. If you have no contact the Student Services Centre. | t heard b | ack | regarding your appli | ication aft | ter this time please | |
| $\ \square$ I have read the refund policy as stated above. | | | | | | |
| I agree with the conditions of refund and declare that | at I am t | he r | person for whom t | his refun | ıd is to be paid. | |
| Signed: | Date: | | | | | |

| REFUND REQUEST FORM | | | | |
|---|--|-----------------------------------|--------------------------------------|--|
| This form must be completed and all supporting documentation provided or it will NOT be accepted. | | | | |
| Lodgement details: | | | | |
| In person: Student Services Centre Brookman Building City East Campus, UniSA North Tce, Adelaide | By post: GPO Box 2471 Adelaide SA 5001 | By fax: +61 8 8302 1557 | By email: saibt-ssc2@unisa.edu.au | |

| Supporting documentation required | | OFFICE USE ONLY | | | |
|---|---|----------------------|---|-------------------|--|
| Reason for refund request: | Supporting documentation: | Staff Checks/Action: | | Initial & Date | |
| Withdrawal from Program | Completed Withdrawal form Airline tickets home (International Students Only) | SSC | Check supporting documentation Process Withdrawal Forward refund and withdrawal forms to Finance together | | |
| Difference in tuition fees | Revised Offer Letter and CoEs for the new program | SSC | Check supporting documentation Forward refund form to Finance | | |
| Accommodation fees | None required | ssc | Forward refund form to Accommodation | | |
| | | Accom | Confirm accommodation refund Forward refund form to Finance | | |
| Refused student visa | Letter from DIAC informing of the visa refusal | SSC | Check supporting documentation Forward refund form to Finance | | |
| Transfer to another registered provider | Transfer form | SSC | Create release letter from CELUSA or SAIBT Forward refund form to Finance | | |
| Met English language requirements | Copy of the IELTS results | SSC | Forward refund form to Finance | | |
| | | Finance | Check Graduation code in MAZE for the required level | | |
| Other | Contact the Student Services Centre to discuss the reason and documentation required. | | | | |

| OFFICE USE ONLY – Finance | | | |
|---------------------------|------|----------|--|
| 511161 551 51111 1 III. | | | |
| No of weeks | | Comment: | |
| at \$ / week | \$ | | |
| Less% | -\$ | | |
| TOTAL | =\$ | | |
| OSHC | \$ | | |
| Other | | | |
| TOTAL REFUND | = \$ | | |

| OFFICE USE ONLY - Approval | | | | |
|----------------------------|------|--------|------|---------|
| Position | Name | Signed | Date | Comment |
| Accounts Officer | | | | |
| Business Manager | | | | |
| Director - Finance | | | | |