

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.

Part A – Your Personal Details

Student ID:

Family name:

Given names:

Contact number:

Date of Birth:

Email address:

Part B – Payment Details

Re-credit to SAIBT

Re-credit to UniSA

Bank transfer – Australian Bank

Bank transfer – International Bank

Bank name:

Bank name:

Account name:

Bank Address:

BSB no:

SWIFT Code:

Account no:

Account name:

Account no:

Part C – Student Declaration

Your request will be assessed in accordance with the Refund Policy available for viewing at <https://international.unisa.edu.au/pre-entry-and-pathway-programs/celusa/policies-and-procedures/> for CELUSA students or <https://www.saibt.sa.edu.au/policies> for SAIBT students.

The review process can take up to 4 weeks. If you have not heard back regarding your application after this time please contact the Student Services Centre.

I have read the refund policy as stated above.

I agree with the conditions of refund and declare that I am the person for whom this refund is to be paid.

Signed: _____

Date: _____

**Guardian to sign if student is under the age of 18*

OFFICE USE ONLY – Finance Approval

Comment:

Name:

Signed:

Date:

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