

## REFUND FORM

CHOOSE YOUR COLLEGE:

Melbourne Metropolitan College

Langford English College

### Student details

First Name(s):		Family Name:	
Student ID:		Date of Birth:	
Phone Number:		Email:	
Student Address:			
Suburb and Postcode:			
Amount to be refunded:			
Original Receipt No.:		Date of receipt:	
Type of payment:		Date issued:	
Approved by Accounts:		Date:	

### Course details

Course Code and Name	
Course Start Date	

### Please tick the refund type you are requesting

Refund Type	Please Tick the box
1. Visa refused prior to course commencement.	<input type="checkbox"/>
2. Withdrawal at least 10 weeks prior to agreed start date.	<input type="checkbox"/>
3. Withdrawal at least 4 weeks prior to agreed start date.	<input type="checkbox"/>
4. Withdrawal less than 4 weeks prior to agreed start date.	<input type="checkbox"/>
5. Course withdrawn by Melbourne Metropolitan College / Langford English College (Before the agreed start date).	<input type="checkbox"/>
6. Melbourne Metropolitan College / Langford English College is unable to provide the course after course start date (for which the original offer was made)	<input type="checkbox"/>
7. The course is not provided fully to the student because the Institute has a sanction imposed by a government regulator.	<input type="checkbox"/>
8. Visa extension is refused	<input type="checkbox"/>
9. Withdrawal from study - current students (not including English Language Studies' students) with confirmed extenuating circumstances)*	<input type="checkbox"/>

Refund Form

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\*Students may have extenuating circumstances that prevent them from attending scheduled course dates that may include but are not limited to illness, family or personal matters, or other reasons that are out of the ordinary. Where evidence can be successfully provided to support the student's circumstances, course fees may either be transferred to the next available course where applicable, or a refund of unused course fees will be issued. This decision of assessing the extenuating circumstances rests with the CEO and shall be assessed case by case.

Method of Refund  Bank Transfer  Cheque / Draft

Beneficiary Bank SWIFT/BIC Code (Overseas) or BSB (In Australia)	
Beneficiary Bank Name	
Address	
Country	
Account Holder's Name	
Account Number	
Mailing Address for Cheque / Draft	

### Student declaration

I, \_\_\_\_\_ authorize the above named account holder to receive my refund.

Student Name			
Student Signature		Date	/ /

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### For office use only

Form receipt					
1	Received By		Date	/	/
	Signature				
CEO Approval					
2	Approved?	<input type="checkbox"/> YES	(Pass the form and statement detailing the calculation of the refund to accounts to process payment).		Amount Approved: AUD\$ _____
		<input type="checkbox"/> NO	(Send notification to student explaining the reason for rejection. Attach a copy of the rejection with this form and file it in the student file).		
	CEO Comments				
	Name		Signature		Date / /
Accounts Processing					
3	Name		Signature		
	Date of payment	/	/		
<b>NOTE:</b> Please attach a copy of the statement detailing the calculation of the refund and payment receipt with this form and file it in the student file.					