AUSTRALIAN COLLEGE OF EXCELLENCE
RTO 45867 | CRICOS 04026B

APPLICATION FOR REFUND OF TUITION FEES

Purpose of the refund of tuition fees:

_____
_____

Note: The refund process will take four (4) weeks after the Finance Team receives a written claim.

Given name:		Family Name:	
Date of Birth:		Student ID:	
Passport Number:		COE CODE 1	
Contact Number:		COE CODE 2	
Email:			
Personal Address:			

Deposit Amount:

Beneficiary's Account   Name: _____

BSB (Australian bank account only): _____

Beneficiary's Account Number: _____

Beneficiary's Bank Name: _____

Beneficiary's Bank Branch Name: _____

Beneficiary's Bank Address: _____

City/Suburb: _____ State/Province: _____ Postcode: _____

Swift Code: _____   IBAN: _____

Beneficiary Account Holder Address: _____

Signature of Student: _____

Signature of Parent/Guardian: (if under 18 years): _____

Date: _____
Student Signature (must be handwritten)

Documents Attached: Fee Deposit Receipt, Visa Decision, GTE STATEMENT