

## Application for Refund Form

~ Please use **BLOCK LETTERS** when completing this form ~

I, the student whose details appear below, would like to apply for a Tuition Fee Refund of: \_\_\_\_\_ \$ \_\_\_\_\_

### A. Personal Details

<b>Student ID:</b>	_____	<b>Telephone:</b>	_____
<b>Family Name:</b>	_____	<b>Given Name:</b>	_____
<b>Course:</b>	_____	<b>Email:</b>	_____
<b>Correspondence Address:</b>	_____		
	_____		
	_____		

### B. Reason for the Request

\_\_\_\_\_

\_\_\_\_\_

### C. Conditions for Refund

1. Applications will only be approved if they comply with the relevant provisions of BAA's *Refund Policy*.
2. Any outstanding amounts due to BAA and any applicable costs or charges that may be levied by BAA's or the applicant's bank for receipt of monies refunded, will be deducted from the refund.
3. The student agrees to repay BAA (on demand) any payments credited to the student in error. BAA reserves the right to offset the amount of any over-payment made in error against any liability (including any future debt) owing to BAA by the student.

### D. Method of Payment

**Refund through Credit Card**

**Name of Card Holder:** \_\_\_\_\_

**Credit Card number:**

- 
      - 
      -

/

Card Expiry Date  
[MM/YYYY]:

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 Visa

 MasterCard

~ OR ~

#### D. Method of Payment (Cont.)

- Refund through Electronic Funds Transfer (EFT) to Bank Account (Tick  ONE option only)**
- I request that the refund be paid into my personal bank account and the details for this account are listed below; OR
- I request that the refund be paid into my parent/legal guardian's bank account and the details for this bank account are listed below; OR
- I request that the refund be processed into another person's bank account whose details are listed below.\*

Name of Account Holder:

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Name of Bank:

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Address/Branch of Bank

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BSB:

-

Account No.:

BIC/Swift Code (if relevant):

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*\*If requesting that the refund be processed into another person's bank account, please also complete the details below:*

Full Name:

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Relationship [to you]:

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Phone Number:  
(including area code/s)

Country Code:

(     )

Area Code:

(     )

Number:

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Email:

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**E. Student's Declaration**

I, the student applying for and submitting this application, declare that I have read, understood and accept the conditions of this refund application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**F. Office Use Only**

**REFUND AMOUNT:** \$  

This refund has been approved in accordance with BAA's *Refund Policy*. The refund has been calculated as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The refund was paid:

- Into the student's bank account detailed on this Application for Refund Form; OR
- Into the student's parent/legal guardian's bank account detailed on this Application for Refund Form; OR
- Into the other nominated person's bank account detailed on this Application for Refund Form.
- The Student was provided with a written statement explaining how their refund was calculated.

**Approving Officer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Print Name:** \_\_\_\_\_