

APPLICATION FOR REFUND OF FEES (International Students Only)

Student Number																					
Surname																					
Given Name(s)																					
Street Address																					
Suburb																Post Code					
Email address																					
Phone number																					

Course Name	Course Code
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Original payment:	Receipt Number						Receipt Date	D	D	/	M	M	/	Y	Y	Y	Y
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STUDENT - REASON FOR REFUND CLAIM	Amount Claimed \$
<i>attach additional pages if required</i>	

Payment method requested for refund:

Cheque (to be banked in Australia)

Address in Australia where cheque is to be sent

street number and name		
suburb	state	postcode

International Bank Draft
(for overseas payments only)

Address and phone number in home country to send international bank draft

Telegraphic Transfer
(for overseas payments only)

Details of bank account to receive the refund

Bank name and address		
swift code/BSB number	account number	account name

Student Signature	Date
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Forward this form, together with copies of any receipts and any evidence to support refund claim to:
 International Office, Northern Melbourne Institute of TAFE, 20 Otter St. Collingwood, 3066

OFFICE USE ONLY

Breakdown:	Refund Amount	Code	Payment method approved
Mainstream Course	\$	1 43 38002 4307 802	<input type="checkbox"/> Cheque
ELICOS Program	\$	1 43 38002 4307 230	<input type="checkbox"/> International Bank Draft
OSHC	\$	1 43 38002 4402 802	<input type="checkbox"/> Telegraphic Transfer
Other	\$		
Total	\$		

INTERNATIONAL OFFICE

Refund processed by:	Signature:
Refund approved by:	Signature:

International Office Manager/ Assistant Manager