



**I. Applicant Details:**

Full Name:			
Date of Birth:		Student ID:	
Full address:			
Contact Number:		Email:	
Name of Course(s) enrolled in:			
1			
2			
3			

**II. Amount of refund requested**

**Reason for refund:** *(all refund requests must be supported with valid supporting documents/ evidence)*

**III. Bank Details:**

**Note:** *Complete this section if you wish to authorize someone to receive this money on your behalf*

<b>A. Name of Authorized person:</b>			
DOB/Passport No:		Relationship:	
Address:			
<b>B. Bank details for Remittance of Funds</b>			
Name of Bank:			
Address:			
Account Number:			
Swift Code:		IFSC Code:	

**IV. Terms and Conditions:**

1. Please complete this form and submit the same at Sheffield College reception by hand, post or by email to [admin@sheffield.edu.au](mailto:admin@sheffield.edu.au) .
2. Please attach all documents supporting your application which would include:
  - a. If in Australia , a copy of your airline ticket, acceptance into another course or visa refusal letter
  - b. If overseas, copy of visa refusal letter.
3. Your application will be processed and any refund due will be remitted within 28 working days after receiving a complete application.
4. You will be notified in writing on the outcome of your application.



**V. Student Declaration:**

1. I acknowledge that my request for refund is subject to the terms and conditions as outlined in Sheffield College's refund policy
2. I understand that as per clause 2 of section 'A' of Sheffield College refund policy, the refund process will take up to 28 working days, and the refund is subject to approval
3. By completing Section A above I have authorized Sheffield College to pay the refund amount to the person specified therein, and also consent to Sheffield communicating with the person stated therein on any matter relating to my refund application.
4. I also confirm that all the information provided in this application are true and correct and that any false information provided or lack of disclosure may lead to the request being refused.

Student Signature:		Date	
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**VI. Office Use Only:**

- a) Date of Complete Application Received including supporting documents: \_\_\_/\_\_\_/\_\_\_  
 b) Sheffield Due Date ( 28 working days ): \_\_\_/\_\_\_/\_\_\_  
 c) Refund Request: (please tick one)

Approved       Not Approved

Reason /s: (attach documents if applicable)
Signature:

d) Student has been informed of the outcome by Email:

**VII. Database :**

- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| a) Student file Updated         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Refund Remitted              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) PRISMS Updated               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Accounts Department Notified | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Signature \_\_\_\_\_ Request Closure Date: \_\_\_/\_\_\_/\_\_\_