

Sydney Metropolitan Institute of Technology Pty Ltd Trading as Sydney Met

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Provider ID PRV14280 | CRICOS Provider Code 03906M | ABN 60 607 943 500

STUDENT REFUND APPLICATION FORM

Student requesting refund					
Student Name:					
Student number:					
Course:					
Reasons for request (v	vith evidence):				
If this application is approved, <u>Bank Account</u> details for payment: (Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits):					
Account Holder Name	e:				
BSB:			Account ?	No:	
IBAN:		IFSO	: [
Bank name:			SWIFT Code:		
Payee Address:					
I authorise refunded amounts to be deposited into the above nominated account.					
Sign:				Date	:
Please submit the complet	red form in hard copy to the Co	ollege R	eception (A	TT: Stu	ident Services Officer) or

Please submit the completed form in hard copy to the College Reception (ATT: Student Services Officer), or by email to accounts@sydneymet.edu.au. Please enclose further explanation or any evidence that you may have with the completed form so that College authority can consider your application as fully as possible.

Notes:

- Under normal circumstances, refund application will be processed within four (4) weeks of the Request for Student Refund form being received.
- Refunds amount can be processed directly into a nominated bank account through Electronic Funds Transfer (EFT). Refunds cannot be made in cash.
- Students are advised to check the Fees and Charges, and Refund Policy and Procedures before completing this form. This policy is accessible in College's website or, from College's Reception. Students are encouraged to check if they have the most up to date policy.
- Students not satisfied with refund decision and outcomes may appeal the decision through the College's Appeal and Grievances Policy and Procedures.

Office Use Only						
Date of receipt						
Name of Staff						
Decision:	Approved	Not approved				
Reason for decisions						
Sign:		Date:				