

Australian Institute of Science and Technology

RTO Code: 30645 CRICOS Provider Code: 03677G ABN: 13 103 369 151 ACN: 103 369 151

Level 2, 206–208 Liverpool Road, ASHFIELD NSW 2131 Australia

Ph: +61 2 8021 3335 www.aist.edu.au info@aist.edu.au

SA-FM-13 Refund Application Form

This form is to be completed in accordance with AIST's Fees and Refund Policy and Procedures which can be found on AIST website https://www.aist.edu.au/

Student Name:		Student ID:					
Date of Birth		Country					
Mobile		Email					
Address			L				
Course Name							
Reason for refund (Please tick $\sqrt{\ }$):							
☐ Visa Refusal (a copy of letter of visa rejection required)							
☐ Withdrawal and discontinue of current enrolled course							
☐ Withdrawal and discontinue of future scheduled course							
Overpayment of course fees:							
If withdrawal/discontinue, please provide explanation and attach this to refund form, including any supporting							
documents (e.g. medical certificate, flight ticket, visa rejection letter from Department of Home Affairs etc)							
Refund of OSHC (Overseas Student Health Cover)							
Where AIST arranges the OSHC on behalf of a student and the student has not arrived and has never resided in Australia, AIST will claim the OSHC refund from insurance company on behalf of the student and will							
	C refund to the student upon receiving						
Where the student has arrived or resided in Australia, it will be the responsibility of the student to claim the							
OSHC from the health insurer.							
Mode of refund payment							
☐ Australian	Australian Bank Transfer:						
Financial	Financial Institution:						
Account Name:							
BSB:	BSB: Account No						
☐ International Bank Transfer							
Bank Name:							
	ress:						
Account Name:							
Address:							
	Account No						
Swift Cod	e:						

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Declaration:	I declare that the information provided by me is true and complete and that it is my responsibility to provide all necessary documentation to support my request for refund. I agree and have read and understand AIST's Fess and Refund policy for international students.					
Printed Name:						
Student Signature:			Date:			
student's signature to authorise AIST to have the refund paid to another person's account. AIST internal use only						
Refund Approved:	□ Yes	□ No				
Reason/s not approved (if applicable)						
	Printed N	Name:				
Approved by	Signature:					
	Date					