Refund Request Form

Note: Please make sure that you have read and understood all the related policies – in particular, the Fee Refund Policy – before submitting this form				
Student ID:				
Student Name:				
Enrolled Course(s) (Please list all the courses you are enrolled in)	Course Code:		Title:	
	Course Code:		Title:	
	Course Code:		Title:	
Full Address:				
	Country:		Postcode/ZIP:	
Reason(s) for Request for Refund – Fill in the Details (Supporting documents/evidences must be attached. ELAN COLLEGE may not be able to process a refund if satisfactory reasons and supporting documentation is not provided)	Medical			
	Visa related			
	Transfer			
	Other			
Bank Details for Electronic Refund (As applicable)	Bank Name:		Branch Number/BSB:	
	Bank Address:		Account Number:	
	IBAN:		Swift Code:	

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Student Declaration:	Declaration: I have fully read and understood refund policy and understand that the refund can only be made to myself or a personal authorised by me in writing.			
Sign:			Date:	

ADMIN use only:

Refund Request	Granted		Declined
If Granted Note: Please refer to Fees & Refund Policy for applicable criteria	Eligibility	Full refund	Amount: A$
		Partial refund	Amount: A$
	Applicable Criteria		
	Refund by	Date:	
If Declined Notify student	Reason(s) for Decision:		
Approved by	Name:	Signature:	Date:

Please handover this form at reception desk of ELAN COLLEGE Suite 2, Level 6, 190 Queen Street, Melbourne VIC 3000 || Phone: +61 433 549 009 || Email: elancollegeaustralia@gmail.com