

To be completed by the student (All fields must be filled out for a successful submission)

Title: MR MISS MS MRS OTHER

First Name*	Family Name*
Date of Birth*	Student Number*
Email*	Phone Number*
Address*	
State*	Postcode*

APPLICANT TYPE: _____ SELECT LOCATION: _____

Did you apply through an ECA registered agent?* YES NO

If yes, please indicate the agent's company name: _____

Intructions: Please complete sections 1-5.

Applications are assessed primarily on the independent supporting documentation provided to demonstrate your circumstances.

The documentation should be provided either as originals or as certified original copies on official letterhead. Please note that all documentation **must include the appropriate dates** of any relevant events i.e (DHA Visa Refusal Letter or illnesses). Incomplete applications will be rejected.

Section 1



CRICOS Code 02644C
Brisbane Sydney Melbourne

STUDENT NUMBER: _____

CURRENT: Which course would you like to be refunded?

Course name	N° of Weeks	Start Date	Fees Paid
CAMBRIDGE			
GE			
IELTS			
EAP			
Other			



CRICOS Code 02644C
Brisbane Sydney Melbourne

STUDENT NUMBER: _____

CURRENT: Which course would you like to be refunded?

Course name	Start Date	Fees Paid
Graduate Diploma of Management (Learning)		
Graduate Diploma of Engineering		
Diploma of Information Technology		
Certificate IV in Business		
Diploma of Business		
Diploma of Leadership and Management		
Diploma of Project Management		
Certificate IV in Marketing and Communication		
Diploma of Marketing and Communication		
Advanced Diploma of Marketing and Communication		
Other		



CRICOS Code 02475D
Sydney Campus Only

STUDENT NUMBER: _____

CURRENT: Which course would you like to be refunded?

Course name	Intake Date	Fees Paid
Diploma of Business (Enterprise)		
Diploma of Information Technology		
Bachelor of Information Technology		
Bachelor of Business (Major in Accounting)		
Bachelor of Business (Major in Information Systems Management)		
Master of Business (Accounting)		
Master of Business (Enterprise Resource Planning Systems)		
Master of Applied Information Technology		
Other		



CRICOS Code 03048D
Sydney Melbourne

Refer to APIC Forms on the website for Withdrawal and Refunds Applications: [APIC Policies and Forms](#)

For more contact Student Services:

Email studentservices.syd@apiccollege.edu.au or phone 02 9318 8111

Email studentservices.melb@apiccollege.edu.au or phone 03 9603 5333

STUDENT NUMBER: _____

CURRENT: Which course would you like to be refunded?

Course name	Start Date	Fees Paid
ACS Professional Year		

Section 2: Withdrawal / Refund details

- | | |
|---|--|
| Granted exemption from units of study | Transferring to another Education Institution (attach proof) |
| Overpaid tuition fees / OSHC | Medical reasons (attach proof) |
| Withdrawn from units of study | Visa Refusal (Copy of Refusal Letter is required) |
| Withdrawn from course (refer to refund policy in the application) | Other (Please state the reasons in the box below) |

Other

Section 3: Refund Details (How did you pay for your tuition fees?)

Bank Cheque	Credit Card*	TT
Bank deposit	EFTPOS	BPAY

Amount Paid	\$	Date	
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The refunds, if approved, will be paid to the person who/ which originally paid the fees. We cannot transfer funds to any other party. Please note that the beneficiary name can only be the name of the person who/ which paid the original tuition fees.

*Unless payment was made by Bank Cheque, Bank Deposit, EFTPOS and TT, refunds must be credited back to the same Credit Card account. Please include a copy of your Credit Card statement as evidence of card details and payment. An online transaction history cannot be accepted as a form of verification. For any other payment method, please supply your bank account details.

I certify that the information provided above is true and correct. If I currently have any fines or fees that have not been paid, I agree that my refund will first be used to pay these debts.

Section 4: Bank & Credit card details

Bank details	Details for Credit Card Refund
Bank Name	Credit Card Holder
Account Name	Credit Card Type
Account N°	Credit Card N°
Branch Name	Expiry date
BSB	Card holder Signature
Swift Code	

Amount Required	\$
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Section 5: Student Signature and Date

I certify that the information provided above is true and correct. If I currently have any fines or fees that have not been paid, I agree that my refund will first be used to pay these debts.

Student Signature	Date
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Office use only			
Manager Decision	Approved	Reject	Date
Manager Name			Signature
Details			

Accounts Department			
Accounts Department Processed by		Date Received	
Signature		Date Processed	
Refund Amount Applied	\$	Refunded Amount	\$

Please complete this form and email it to refunds@eca.edu.au
Refund application will normally be processed within 20 working days from date of completed refund application is received.