

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



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			
General English			
IELTS			
English for Academic Purposes (EAP)			
Other			

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

Overpaid tuition fees / OSHC

Withdrawn from units of study

Withdrawn from course (refer to refund policy in the application)

Transferring to another Education Institution (attach proof)

Medical reasons (attach proof)

Visa Refusal (Copy of Refusal Letter is required)

Other (Please state the reasons in the box below)

Other
