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STUDENT DETAILS	
Student ID and DOB:	
Student full name:	
Course/s enrolled in:	
REFUND APPLICATION	
Reason:	☐ Visa refused (attach visa refusal notice)
	☐ Enrolment cancelled prior to course commencement
	☐ Failed to commence / cancelled for non-commencement
	☐ Course cancelled by Imagine Education Australia
	☐ Failed to meet entry requirements/conditions on Letter of Offer
	☐ Other, please specify:
REFUND BY CREDIT NOPAYMENT DETAILS – RI	
SWIFT Code:	
BSB / IBAN:	
Account number:	
Account name:	
Bank name:	
Bank address:	
Beneficiary address:	
□ PAYMENT DETAILS – RI	EFUND BY CREDIT CARD
Name on credit card:	
Card number (reference):	
Card type:	VISA Mastercard AMEX Other:
Payment details:	
Expiry Date:	
CCV.	

National Provider: 31302 | CRICOS Provider: 02695C | ABN: 27 620 585 615

Refund Application



DECLARATION:

Student signature:

I hereby apply for a refund and acknowledge that this application will be processed in accordance with the Imagine Education Australia Refund Policy, which I have read and understood. I understand completing this form does not mean that it will be approved as conditions may apply. A decision will be provided to me within 10 working days of this application being completed. I understand that if my application is declined, I will have 20 days to access the Appeals process as detailed in the Student Handbook.

Date:				
OFFICE USE ONLY				
Received by and date:				
Approved/not approved by and date:				
Notes and evidence				
provided:				
Agent and Student advised by and date:				
Actioned in eBECAS by SPO and date:				
Payment method/type:				
Date of payment:				
Amount:				
Deductions:				
Refund amount:				
Finance Mgr Approval:				
If cancellation is due to visa application being withdrawn or refused AND the student has OSHC:				
OSHC cancelled in Medibank/refund received:				