

Refund R	Refund No.											
Section 1 – Student Details												
Client Name:				Date:	/ /							
Client No:				Mobile:								
Email:												
Course title:				Start Date:	/ /							
Section 2 – Refund Do												
I request a refund for the following:												
Invoice Number:												
Amount:	\$											
Reason for refund: (Please attach any supporting documentation)												
☐ Visa Refusal ☐ Visa Renewal Refu ☐ Visa Breach of Cor ☐ Others, If others, please speci	ndition	☐ Ca ☐ W ☐ Tr	Credit Transfer Deferment									
Acknowledgement												
I understand that my	request for a re	fund will be processed	l in accordance w	vith the Pal Edu	cation Refund Policy.							
Bank Details of Stude	ent											
Swift Code:		BSB Number:		Account Num	ber							
Account Name:				<u> </u>								
Signature				Date:	/ /							
Section 3 – Authorisa	tion											
Please tick the type of	f Refund:											
☐ Withdrawal Cancellation	☐ Transfer ☐ Other (please specify)											
This Refund is:												
APPROVED	T] DENIED		ADJUSTED TO \$								
Units or items to be r	efunded											
Item or UOC	Name with C	ode or Item	Amount in AU	D \$	Total amount							
Item or UOC												
Item or UOC												
Item or UOC												
Amount received												
Less cancelation fee												
Less application fee												
			Total Amou	unt of Refund								



Refund Method i	s:									
☐ EFT/CC		Cheque				Credi	t to Students Pal Education Ongoing			
Refund payable to		Student #			Agent					
Signed:					Positio	n:				
Print Name:				Date Processed:						
Admin Use Only										
Logged in FMS:	Yes		☐ No		Date:		/	/		
Logged by:					Signatu	re:				
Recorded in student file	Yes		☐ No		Date:		/	/		
Recorded by:					Signatu	re:				
CFO Signature		•			Date:			•		