

# APPLICATION FOR REFUND FORM



Australian International  
Institute of  
Higher Education

TEQSA Registered in the "Institute of Higher Education" category

## PERSONAL DETAILS

Given Name:		Family Name:	
Date of Birth:		Student ID:	
Current Address:			
Suburb/District:		State/Province/Division:	
Postcode:		Country:	
Phone Number:		Personal Email:	

## REFUND DETAILS

Total amount requested: (in AUD \$)	
Detailed reason for refund (please write below)	
Attached supporting documentation:	
1.	
2.	
3.	
4.	
5.	
Refund payment is to be made to:	<input type="checkbox"/> the student <input type="checkbox"/> another person (Must be indicated on the Letter of Offer)

## BANK DETAILS FOR REFUND

Bank Name:			
Account Name:		BSB Number:	
Account Number:		SWIFT Code:	
Branch Address:			

# APPLICATION FOR REFUND FORM



Australian International  
Institute of  
Higher Education

TEQSA Registered in the "Institute of Higher Education" category

## Note:

- A refund processing fee may apply.
- All refunds are issued in AUD which may vary from the original amount in your local currency depending on the conversion rate during the time of refund.
- For details of the refund process, please refer to the AIIHE Refund Policy and Procedure available on the Institute's website.

## STUDENT DECLARATION

☐ I have read and understood the Institute's Refund Policy and Procedure and have completed this form in accordance with the requirements of the Policy. The information I provided in support of my refund request is true, accurate and complete.

☐

Applicant's Full Name:

Signature:

Date:

## AGENT DECLARATION (to be completed by the AIIHE representative)

☐ The applicant has received the information stated on the refund policy and procedure

☐ I confirm that I have briefed the applicant and the applicant's parents (if the applicant is under 18) on the Terms and Conditions relating to the Institute's Refund Policy and Procedure and that I have provided the applicant with relevant information on AIIHE and the course consistent with the requirements of the ESOS Act 2000 and the National Code 2018.

Agency Name:

Agent's Full Name:

Signature:

Date:

Agency Stamp

# APPLICATION FOR REFUND FORM



Australian International  
Institute of  
Higher Education

TEQSA Registered in the "Institute of Higher Education" category

## Office Use Only (to be completed by the AIIHE staff)

Refund Reference Number:

Received on:

Acknowledged on:

Responsible officer:

Interview or further  
information requested:

☐ Yes

| ☐ No

If yes, when:

Outcome of review:

Written response provided to the student on:

Refund payment made on: