

B002/40 Marine Pde, Australia Fair Shopping Centre, Southport, QLD 4215, Australia (GOLD COAST Campus) | +61 7 5613 2806 | gcadmin@cti.qld.edu.au

## **Student Refund Request Form**

Please complete this form in Black / Blue Ink using CAPITAL LETTERS

Dat	ate: Student No:			
Stu	udent Name:			
Date of Birth: Mobile No:				
Email Address:				
	urrent Address:			
Reason for Refund				
	Student Visa Application was refused (Evidence Required)			
	Provider Default - CTI is unable to deliver the agreed course in full, or to commence the course on the scheduled / agreed course start date.			
	Compelling or Compassionate Circumstances (Evidence Required - Eg. Medical Certificate.)	passionate Circumstances (Evidence Required - Eg. Medical Certificate / Death		
	Student does not meet the minimum entry requirements, or the conditions set out in offer.	es not meet the minimum entry requirements, or the conditions set out in the Letter of		
	ferring to another provider (Evidence Required – case by case)			
	Change of visa sub-class to Permanent Resident (Evidence Required)			
	Other (please specify):			



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## **Payment Details:**

You must select only ONE method from the section below and complete ALL requested details correctly to avoid delaying the processing of your refund.

☐ Bank transfer – International Bank	☐ Bank transfer – Australian Bank		
Bank name:	Bank name:		
Bank Address:	Bank Address:		
Branch:	Branch:		
Account name:	Account name:		
Account no:	Account no:		
SWIFT Code:	BSB:		
Student Declaration  I declare that the information provided on this form is true and complete and that is my responsibility to provide necessary documentation to support my request for refund. I agree and have read thru the CTI refund policinternational students. I understand there is a \$150 refund processing fees unless advised otherwise and a charge for refunds to international bank accounts. I understand my refund will be processed within 20 days from date the College has received all required documentation  Student Signature:  Date:			
For Office Use			
Refund Request	☐ Denied		
Refund Amount	Ref / Refund #		
Received on -	Processed on		
Approved by-	Processed by		