

Refund Application Form

Student Details:								
Students Name:								
Student I.D.:		Date:						
Course/s Enrolled in:		I.						
Email Address:		Contact Number:						
Address								
Refund Details								
Please tick the applicable box for the subject of your refund:								
☐ Tuition Fees ☐ Other (Please specify):								
Please tick to indicate the prominent reason that you are applying for your specified refund andelaborate on your circumstance in the space provided below.								
☐ Visa refused Prior to course commencement								
☐ The institute is unable to provide the course for which the offer was made								
☐ Withdrawal from the course	after fees have been paid before co	mmencement						
☐ Withdrawal notified and received by TIC on commencement date or after the semestercommences.								
☐ Student breach of visa conditions, and suspension or cancellation of enrolment by the TIC								
☐ Visa Extension refused								
☐ Other (Please Specify):								
Please Elaborate:								
* Please note that refunds granted in the above circumstances may incur an education agent's feewhere applicable. Refund application will be assessed according to Fees and Refunds Policy and Procedures as published on Techie International College's website.								
Refund payments (if approved) will be processed using the same method of payment that fees were originally paid with.								
Refund Payable to:								
Address of Payee:								
Contact Number of								
Payee:								
Payment Methods:								
☐ Cheque (to be sent to the above address)								
Cheque (Collect from College Reception)								
☐ Bank Transfer								
☐ Credit Card (Card number payment was originally made with)								



In case of bank transfer, please fill out bank details below:									
Account Holders									
Name:									
Bank Name:									
Bank Address:									
BSB:									
Account Number:									
Swift Code:									
Please return this completed form to the institute. If sending by email, please send to									
info@techie.edu.au									
Office Use Only									
Refund Request:		☐ Approved	☐ Declined						
Amount Paid AUD:									
Administration Officer Signature:				Date:					
CEO Signature:				Date:					