

FOR-ENR-03 Student Refund Request Form

Section 1 – Student Details		Refund No.	
Name:		Student ID	
Email		Mobile	
Address			
Section 2 – Refund Details			
Course Code and Name			
Start Date			
I request a refund for the following reason: (all refund requests MUST have accompanied documentation)			
<input type="checkbox"/> Visa Refusal	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Credit Transfer	
<input type="checkbox"/> Visa Renewal Refusal	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Deferment	
<input type="checkbox"/> Visa Breach of Condition	<input type="checkbox"/> Transfer of Provider	<input type="checkbox"/> Suspension	
<input type="checkbox"/> Other Reason, Description			

Amount	\$ _____		
Section 3 – Bank details of Student/Agent			
Account holder name			
Account holder residential address			
Bank name			
Branch Code and address			
Swift Code		BSB number	
Account Number			
Section 4 - Acknowledgement			
I understand that my request for a refund will be processed in accordance with Ironwood Institute Refund Policy.			
Signature		Date:	/ /
IRONWOOD OFFICE USE ONLY			
This Refund amount is			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> ADJUSTED TO \$ _____	

Section 5 – CEO or delegate to Authorize

Date application received	/ /	Initial:	
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Course fee details

Receipt #:	Receipt date:	Total Receipt amount
	/ / 20	\$:

Fee Items	Amount received (\$)	Amount Non-Refundable (\$)	Amount Refundable (\$)
Tuition Fee:			
Enrolment fee:			
Learning Resources Fee:			
PPE fee:			
Any other fee:			
Total			

Total Refundable amount in words

Staff Name: _____ Signature _____ Date _____

Refund Method applied

EFT / CC / Direct Deposit
 Credit to Students Ironwood Institute Ongoing Account

Refund payable to Student Agent

Signed		Position	
Print Name		Date Processed	

ACCOUNTS USE ONLY

Logged in FMS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	/ /
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Logged by		Signature	
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Recorded in student file	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	/ /
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Recorded by		Signature	
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Formal letter sent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	/ /
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By Whom		Signature	
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