



Refund Request Form

STUDENT DETAILS

Student ID _____ Date of Birth _____

Student Name _____

Address _____

City _____ State _____

Postcode _____ Country _____

Email Address _____

Contact Number _____

Tuition Fees Refund Details

Course Name _____ Course Code _____

Course Name _____ Course Code _____

OHSC refund required: YES NO

REASON FOR REFUND

Please tick one (supporting documentation must be provided)

- Student Default
- Visa not granted (confirmation from Department of Home Affairs required)
 - Withdrawal from All Studies (ACE Application for Deferral, Suspension or Cancellation of enrolment form attached)
 - Transfer to Another Provider (Copy of new Offer Letter required & ACE Application form for transfer between registered providers)
- ACE Default
- Provider unable to deliver course on agreed day and location
 - The course is not provided in full to the student because a sanction has been imposed on ACE or any other reason.
 - The course ceases to be provided to the student at the location at any time after it starts but before it is completed
- Other (please state) _____

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REFUND PAYMENT DETAILS - *Please tick one*

Cheque *cheque will be made payable to student*

EFT *Australian Bank Account Only*

Bank Name _____

Account Name _____

BSB (6 digits) _____ Account Number _____

Telegraphic Transfer *Overseas Bank Account Only*

Bank Name _____

Bank Address _____

Swift Code _____

Account Name _____

Account Number _____

Currency _____

DECLARATION

- I hereby apply for a refund of fees paid and acknowledge that this refund will be processed in accordance with the Australian Careers Education Pty Ltd.'s (ACE) Refund Policy.
- I have read and understood ACE's Refund Policy and Procedure as made available on ACE's website.
- If the Account Name is not in the name of the student, this request will serve as an authorisation that the refund is desired to be made payable to the individual/entity specified in the bank details.

Student Signature _____

Date ____/____/____

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Refund Request Form

OFFICE USE ONLY

Date Form Received: ___/___/_____ Received By _____

Reason for Refund _____

Refund Calculation Statement Prepared: - YES NO

Refund Calculation Statement:-

Approved by CEO: - YES NO

Checked & Authorised _____

Name, Signature and Position Title in BLOCK LETTERS

Refund Amount Due: - \$ _____

Method of Refund Payment authorised

EFT CHEQUE TELEGRAPHIC TRANSFER OVERSEAS BANK

Refund Processed on: ___/___/_____ Processed By _____

Date Student Notified: ___/___/_____

Notified by: _____

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