

ESOS 3.2: Refund Request Form

STUDENT DETAILS

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Student ID	Date of Bi	rth	
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 medical Student Default - □ Visa not granted (cor □ Withdrawal From All □ Transfer to Another □ Application form for	nfirmation fron Studies (ACE (Provider (Copy	n DIBP required) Cancellation of enro of new Offer Lette	r required & ACE
☐ ACE Default - ☐ Provider unable to delive ☐ The course is not provide imposed on ACE or any ☐ The course ceases to be starts but before it is constant.	ded in full to th other reason. e provided to tl	e student because	
Other (please state)			
Refund Request Form Authorised by CEO		Version 4.3 CRICOS # 03219A	Updated: Aug 2016 RTO # 22424

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DECLARATION

Account Number

Currency

- 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.

		_	_
Student Signature	Date	/ /	/
		<i>,</i>	

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	OFFICE USE ONLY		
	Date Form Received:/ Received By		
Reason for Refund			
	Refund Calculation Statement Prepared: - YES \square NO \square		
	Refund Calculation Statement :-		
	Approved by CEO: - YES □ NO □		
	Checked & Authorised		
	Name, Signature and Position Title in BLOCK LETTERS		
	name, signature and resident rate in second entering		
	Refund Amount Due :- \$		
	Method of Refund Payment authorised - EFT TELEGRAPHIC TRANSFER OVERSEAS BANK		
	Refund Processed on: / / Processed By		
	Date Student Notified: /		
l	Notified by:		

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