

# Application for Refund

Student ID: \_\_\_\_\_ Tel: \_\_\_\_\_

Family Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Given Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Confirmation Letters / Foreign Bank Drafts will be mailed to this address)

**Reason for Requesting a Refund:**

**Method of original payment:**

- |              |                          |                      |                          |
|--------------|--------------------------|----------------------|--------------------------|
| ePay         | <input type="checkbox"/> | Cash                 | <input type="checkbox"/> |
| Post-Billpay | <input type="checkbox"/> | Cheque/Bank Draft    | <input type="checkbox"/> |
| BPay         | <input type="checkbox"/> | Telegraphic Transfer | <input type="checkbox"/> |
| Credit Card  | <input type="checkbox"/> | EFTPOS               | <input type="checkbox"/> |

Receipt(s) No: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

**All refunds will be made into student's bank account via Electronic Funds Transfer except for Credit Card payments. \* Payment(s) made by Credit Card must be refunded back to the original Credit Card. Please include a copy of your Credit Card statement as evidence of payment.**

**Bank Details for Electronic Funds Transfer (EFT) Refund**

**Details for Credit Card Refund \***

Bank Name: \_\_\_\_\_

Credit Card Holder: \_\_\_\_\_

Address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

BSB Number/Swift Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Account Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this form together with supporting documentation to: Student Central (Building 101), Bentley Campus; or Mail to Curtin University of Technology, Fees Centre, GPO Box U1987, Perth WA 6845; or Fax to + 61 8 9266 4108.

**Under the Curtin University of Technology Refund Agreement, your refund will be processed within 28 days from the lodgement of a complete application. If you require further information, please contact the Fees Centre on + 61 8 9266 3500.**

**STUDENT DECLARATION**

- I have provided all supporting information required to process the refund.
- I have read and understood the Refund Agreement.

Student's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Office Use Only**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> EFT           | <input type="checkbox"/> 100% REFUND                        | <input type="checkbox"/> COMM SUPP/DOM FEE PAYING |
| <input type="checkbox"/> CREDIT CARD   | <input type="checkbox"/> MINUS \$550 ADMIN FEE (Int'l only) | <input type="checkbox"/> INTERNATIONAL            |
| <input type="checkbox"/> TT            | <input type="checkbox"/> 10% REFUND (Int'l and Ext)         | <input type="checkbox"/> EXTENSION                |
| <input type="checkbox"/> FOREIGN DRAFT | <input type="checkbox"/> 50% REFUND (Int'l and Ext)         |   |

Refund Amount Approved: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Authorising Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Details entered in Fees Centre Database by \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_

CRICOS Provider Code: 00301J (WA) 02637B (NSW)