

Your Future, Our Passion

Refund F	Refund No.						
Section 1 – Student Details							
Name:				Date:	/ /		
Student No:				Mobile:			
Email:							
Course:				Start Date:	/ /		
Section 2 – Refund Details							
I request a refund for	or the follow	ing:					
Invoice Number:							
Amount:	\$						
Reason for refund:	(Please attacl	h any supporting docume	ntation)				
□ Visa Refusal □ Cancelation □ Credit Transfer □ Visa Renewal Refusal □ Withdraw □ Deferment □ Visa Breach of Condition □ Transfer □ Other, □ Description							
Acknowledgement							
I understand that my request for a refund will be processed in accordance with the Bandicoot Group Pty Ltd T/A Salford College Refund Policy.							
Bank Details of Stud	lent						
Swift Code:	BSB Number: Account Number						
Account Name:							
Signature				Date:	/ /		
Section 3 – Authorisation (to be filled by Salford College Admin Centre)							
Please tick the type of Refund:							
☐ Withdrawal	☐ Withdrawal ☐ Cancellation ☐ Transfer ☐ Other (please specify)						
This Refund is:							
APPROVED	☐ DENIED ☐ ADJUSTED TO				\$		
Units or items to be refunded							
Course/Units	Amount	Received (\$)	Deduction (\$) Reason	Refund Amount		
Less application fee							
				Total Amount o	f Refund		

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Refund Method i	s:								
☐ EFT/CC		Cheque			_	it to Students Bandicoot Group Pty alford College Ongoing Account			
Refund payable to		Student Ag		Agent					
Signed:				Position:					
Print Name:				Date Processed:					
Admin Use Only (EDB Refund Register can be used in Lieu)									
Logged in EDB:	Yes		☐ No		Date:		/	/	
Logged by:					Signatu	ıre:			
Recorded in student file	Yes		☐ No		Date:		/	/	
Recorded by:					Signatu	ıre:			
CEO Signature					Date:				

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