

REFUND REQUEST FORM

Student No.: _____ Date: ____/____/____

Student Name: _____

Date of Birth: ____/____/____ Home phone no.: _____

Mobile phone no.: _____ E-mail address: _____

Current Address (*Mandatory*) _____

Course attending: (*please select one from the following*)

- Advanced English for Academic Study (EAP)** (CRICOS Code: 052248A)
- IELTS Preparation** (CRICOS Code: 055132M)
- General English** (CRICOS Code: 073622K)

Reason for Refund Request: -

Bank Details:

Overseas Bank:

Bank Name: _____

Bank Address: _____

Branch: _____

A/c Name: _____

A/c Number: _____

Swift Code: _____

Australian Bank:

Bank Name: _____

Bank Address: _____

Branch: _____

A/c Name: _____

A/c BSB: _____

A/c Number: _____

Student Signature

Disclaimer: Refund applications will be processed within 2 weeks from the date of the application received. All refunds made will be less \$195 course application fees paid by the student. Student requesting refund will have to bear any bank charges by the receiving bank or cost after the refund is processed. CLA will not be held responsible for any fluctuations in the international exchange rate or overseas bank charges required. In the event that the refund is not received by the applicant into the nominated account due to errors made by the applicant, CLA will charge an additional \$150 refund processing fee and additional bank-processing charges to the applicant and will make the final refund transfer less the cost incurred. Student receiving refunds in overseas accounts must provide evidence of arrival (passport copy) in the country of origin, after which the refunds transfer would be made.

For Office Use: Name of approving person: _____/Signature _____

Refund Request (please circle): Approved Declined