

Sydney Metropolitan Institute of Technology Pty Ltd Trading as **SYDNEY MET** College

2 – 4 Marmaduke Street | Burwood NSW 2134 | AUSTRALIA

T: +61 2 9744 1356 | E: info@sydneymet.edu.au W: www.sydneymet.edu.au

Provider ID PRV14280 | CRICOS Provider Code 03906M ABN 60 607 943 500

REFUND APPLICATION FORM

| Student Refund Request | | |
|---|-------------|--|
| Name: | | |
| Student number: | | |
| Course: | | |
| Reasons for request: | | |
| Refund Bank Account Details: Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits: | | |
| Account holder Name: | | |
| BSB: | Account No: | |
| Bank name: | SWIFT Code: | |
| I authorise refunded amounts to be deposited into the above nominated account. | | |
| Sign: | Date: | |
| Approved refunds will be processed for students within four (4) weeks of the Request for Student Refund form being received. Refunds can be processed directly into a nominated bank account through Electronic Funds Transfer (EFT). Refunds cannot be made in cash. Students are advised to check the Fees and Refund Policy and Procedures in completing this form. This policy is accessible in College's website or, from College's Reception. Students not satisfied with refund outcomes may appeal the decision through the College's Appeal and Grievances Policy and Procedures. | | |
| Please submit the completed form in hard copy to the College Reception (ATT: Student Services Officer), or by email to info@sydneymet.edu.au | | |

| Office Use Only | | |
|----------------------|------------|----------------|
| Date of receipt | | |
| Name of Staff | | |
| Decision: | ☐ Approved | ☐ Not approved |
| Reason for decision: | | |
| Sign: | | Date: |