FEE REFUND APPLICATION FORM

Section A: Applicant Details

Student ID		Program	
Courses enrolled		Commencement Date	

Personal Information							
Title	Mr. ☐	Ms. ☐	Mrs. ☐	Other ☐			
Family Name(s)							
Given Name(s)							
Date of Birth			Passport Number				
Nationality			Country of Birth				
Telephone Number			Email Address				
Current Address			Suburb		Postcode		

Section B: Refund Request Details

Refund Request Details
(Tick all that apply and attach supporting document(s) where required)
Student Default:
☐ Visa application refused (attach official *DHA Refusal Letter*)
☐ Refused due to not meeting Genuine Student (GS) requirement
☐ Refused due to not meeting Genuine Student (GS) requirement
☐ Medical reasons (attach medical certificate)
☐ Withdrawal before census date
☐ Withdrawal after census date (refund eligibility subject to policy)
☐ Permanent residency granted (attach evidence)

Quantum Institute of Higher Education
Fee Refund Application Form
Address: Level 4, 16-18 Wentworth Street, PARRAMATTA, NSW 2150
Phone: + 61 2 8359 5220 | Website: https://qinstitute.com.au/
TEQSA Provider ID: TBA | CRICOS Provider Code: TBA
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☐ Failure to meet entry requirements
☐ Deferment not approved
☐ Suspension or exclusion from study
☐ Transfer to another education provider (attach supporting evidence, e.g., Letter of Offer/Release)
☐ Failed to re-enrol
☐ Enrolment cancellation/termination by QIHE
☐ Fee overpayment
☐ Other (please specify): _____
Provider Default:
☐ Course not delivered by QIHE
☐ Program cancelled by QIHE

Section C: Refund and Bank Account Details

Payment Details			
Amount Paid (AUD)		Amount Requested for Refund (AUD)	
Date of Payment		Name of Payee	
Payment Method ☐ Bank Transfer ☐ Credit/Debit Card ☐ Other *(please specify)* _____			
Receipt/Transaction Number			
Bank Details for Refund I am requesting refund to: Australian Bank Account ☐ International Bank Account ☐			

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For Australian Bank Account:

BSB [   ]   Bank Account Number [   ]

Account Holder's Name [   ]   Bank Name [   ]

For International Bank Account:

International Bank Account Number: [   ]

Account Holder's Name [   ]   Bank Name [   ]

SWIFT Code [   ]

Account Holder's Address [   ]

For accounts with name other than the applicant's:

Account Holder's Relationship to the Applicant [   ]

Note: *A Statutory Declaration and student Authorisation Form must be attached authorising QIHE to make the refund payment to this account.*

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Section D: Acknowledgement and Declaration

Acknowledgement and Declaration

By signing below, I acknowledge and declare the following:
 	
i) That the information that I have provided is true and correct to the best of my knowledge and I understand that providing inaccurate or incomplete information will delay my refund application;
 	
ii) That I understand that refunds are processed as per QIHE's *Fee Refund Policy* and *Deferment, Withdrawal and Cancellation Policy and Procedure* and in compliance with the *Education Services for Overseas Students (ESOS) Act 2000,* the *National Code of Practice for Providers of Education and Training to Overseas Students 2018,* and the *Higher Education Standards Framework (HESF) 2021;*
 	
iii) That I have completed and submitted all required supporting documents by the specified deadlines to be eligible for a fee refund;
 	
iv) That all approved refunds will be made in Australian Dollars (AUD) only, and the Institute will not be held liable for any financial loss incurred by students under the following circumstances:
 	
    a. Incorrect or incomplete bank account details are provided by the student;
 	
    b. The nominated bank does not accept or process AUD payments;
 	
    c. Delays caused by the student's or recipient's financial institution.
 	
v) That I consent to QIHE collecting, storing, and using my personal information for the purposes of processing my refund, in accordance with the *Privacy Act 1988 (Cth)*.

Full Name			
Student's Signature		Date	

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For Official Use Only

Date Received		Received By	
Reviewed By		Date	
Refund Status	☐ Approved ☐ Declined	Amount Approved (AUD)	

Comments:

Final Approval (Dean/Authorised Officer)		Date	
Signature			

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