

<b>International Unit Use Only</b>
Received By:
Date:



Government of South Australia

**Must be completed by the student**

Please return this form to TAFE South Australia, International Unit ([tafesa.international@tafesa.edu.au](mailto:tafesa.international@tafesa.edu.au)).

**REQUEST FOR REFUND OF INTERNATIONAL STUDENT TUITION FEES**

**Section A: Student Personal Details**

Full name:			
TAFE SA Student ID No.		DOB:	
Address:			
	Suburb:	State:	Postcode:
Email address:			
Telephone:	Home:	Mobile:	
Country of Birth:		Nationality:	
Course Name:			
Course Start Date:			
Is this course packaged with any other TAFE SA course:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this course packaged with any University course:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, Course Name:			
Did your fee include Overseas Student Health Cover:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**REASON FOR REQUEST**

- Visa Refusal (provide supporting documents)       Withdrawal
- Overpayment of course fee       Others.....

**Section B: Payee Bank Details ----- \*Note\* If this refund is not being paid into the original account these funds were received from a permission letter and copy of passport from the original account holder is required before the refund will be processed**

Account Name:	
Payee Address:	
Payee Email:	

Details of bank receiving refunded monies: **A** if bank is an Australian bank and **B** if bank is an overseas bank

**A: Onshore Australian Bank Details**

Bank Name:			
Bank Address:			
BSB No:		Account No:	

**B: Overseas Bank Details (Provide the intermediary bank info if needed to receive preferred currency in email)**

Bank Name:			
Bank Address:			
SWIFT CODE:		Account No:	
*Indian Financial System Code (IFSC - 11 characters)* FOR INDIAN BANK ONLY			
<b>Preferred Currency</b>			

**I confirm that all the information stated above is true and correct and where I have nominated a third party to receive the funds I have done so freely without influence.**

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section C: International Unit Use Only			
Reason for refund application (provide comprehensive details)			
Administration Fee Applied:	<input type="checkbox"/> Yes \$	<input type="checkbox"/> Not applicable	
Agent Name:			
Commission Paid:	<input type="checkbox"/> Yes \$	Date Processed:	<input type="checkbox"/> No
Finance Officer Signature:		Date:	

**FINANCIAL IMPLICATIONS** (provide details of budget implications)

*To be refunded*

Item	SIS Detail Code	Amount A\$
Tuition		
OSHC	NH11	
OSHC Comm	NH01	
<b>Less Administration Fee(if applicable)</b>	NAZZ	
<b>Subtotal</b>		

**CHECKLIST COMPLIANT TO REFUND POLICY** (please tick appropriate boxes)

- |   |  |
|---|--|
| <input type="checkbox"/> Visa Unsuccessful  | <input type="checkbox"/> Student withdraws less than 28 calendar days Prior to Agreed Starting Day of the course |
| <input type="checkbox"/> TAFE unable to provide course  | <input type="checkbox"/> Student withdraws after the Agreed Starting day of the course                           |
| <input type="checkbox"/> Student withdraws more than 70 calendar days prior to Agreed Starting Day of the course                                | <input type="checkbox"/> Student overpaid  |
| <input type="checkbox"/> Student withdraws more than 28 calendar days but less than 70 calendar days prior to Agreed Starting Day of the course | <input type="checkbox"/> Student failed to meet CAR / Cannot provide Release letter from current provider        |
| <input type="checkbox"/> Others   | <input type="checkbox"/> Compassionate or compelling circumstances   |

**SUPPORTING DOCUMENTATION** (list relevant supporting documentation accompanying Refund Application)

- |   |   |
|---|---|
| <input type="checkbox"/> Application form for refund  | <input type="checkbox"/> Signed refund policy   |
| <input type="checkbox"/> Supporting letter from student   | <input type="checkbox"/> Medical certificate if appropriate                           |
| <input type="checkbox"/> Supporting letter from program area  | <input type="checkbox"/> Other - please specify: - HA Letter <input type="checkbox"/> |
| <input type="checkbox"/> Proof of payment   | Counselling notes <input type="checkbox"/>  |
| <input type="checkbox"/> Permission Letter (when refund not being paid into the original account funds received from) | Offer from others <input type="checkbox"/>  |

**RECOMMENDATION: to process this refund as per the International Student Refund Policy Table.**

SUPPORT / NOT SUPPORT	SUPPORT / NOT SUPPORT	APPROVE /NOT APPROVE
Manager, International Operations International Unit / /	Program Educational Manager, TAFE SA / /	Director, International TAFE SA / /

**REFUND PROCESSING TIMELINE (in compliance with ESOS/TPS requirements):**

Refund request received: / / (DD/MM/YYYY)

Refund to transfer into student account before: / / (DD/MM/YYYY)

*International Unit Processing Checklist:*

- Program Area Notified     Form in StudyLink     Student Notified with Refund Calculation Statement