

REFUND APPLICATION

This form is for international students only.
 Approved refunds will be paid to student within **4 weeks**
 of receiving this completed application form
 Please read the Student Acceptance Agreement –
 Section Refund Policy, before completing this document

OFFICE USE ONLY Received by: _____ Signature: _____ Date: ____ / ____ / ____
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STUDENT DETAILS			
Family Name:	Click here to enter text.		Given Name/s: Click here to enter text.
Student ID:	Click here to enter text.		Date of Birth: (dd/mm/yy) / /
Course Title	Click here to enter text.		Course Code: Click here to enter text.
Address in Australia: (If applicable)	City/Suburb	Click here to enter text.	
	Post Code	Click here to enter text.	
Home Telephone:	Click here to enter text.	Mobile Number	Click here to enter text.
Submission Date:	Click here to enter text.	Email	Click here to enter text.
I wish to request a refund for the following reasons: Click here to enter text.			
(Attach supporting evidence to this application)			
The Tuition fees paid were: Click here to enter text. The receipt number was: Click here to enter text.			
Date paid : Click here to enter text. Amount refund requested: \$ Click here to enter text. (Note enrolment fees is not refundable)			
Detailed calculation for refund (Completed by JTI Accounts Department): Click here to enter text.			
(Specify the currency you wish to get refund in: US dollar or AUD dollar) -Confirm these details with your bank			
REFUND METHOD: DIRECT DEPOSIT INTO BANK ACCOUNT			
BSB No:	Click here to enter text.		
Account No:	Click here to enter text.		
Account name:	Click here to enter text.		
Recipient's Address:			
Bank name:	Click here to enter text.		
Branch address:	Street	Click here to enter text.	
	Suburb/City	Click here to enter text.	
	Country	Click here to enter text.	
SWIFT Code:	Click here to enter text.		

IFSC Code:	Click here to enter text.
IBAN Code:	Click here to enter text.

Student declaration:	
I agree with the conditions of refund and declare that I am the person for whom this refund is to be paid and I understand that I remain liable to Job Training Institute for all of my future tuition expenses.	
Student's signature: <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center;">(PLEASE PRINT AND SIGN)</p>	Date: ____ / ____ / ____

OFFICE USE ONLY	
Supporting evidence was supplied:	<input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT REQUESTED: \$ Click here to enter text. <i>(Accounts department must validate student records and amount of refund requested)</i>
Marketing Manager	Has request been approved? <input type="checkbox"/> YES, If Yes, each Manager must sign below. What is the refund approved amount: \$ Click here to enter text. <input type="checkbox"/> NO, If NO, provide details below as to reason and attach supporting documentation
Not Approved Reason:	Click here to enter text.
Accounts Manager Signature:	
Marketing Manager	
Comments:	Click here to enter text.