



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 review the Student Acceptance Agreement – Refund Policy section before completing this form.

OFFICE USE ONLY

Received by: _____

Signature: _____

Date: ____ / ____ / ____

STUDENT DETAILS			
Family Name:	Click or tap here to enter text.		Given Name/s: Click or tap here to enter text.
Student ID:	Click or tap here to enter text.		Date of Birth: / / (DD/MM/YYYY)
Course Title	Click or tap here to enter text.		Course Code: Click or tap here to enter text.
Address in Australia:	City/Suburb	Click or tap here to enter text.	
	Post Code	Click or tap here to enter text.	
Home Telephone:	Click or tap here to enter text.	Mobile Number	Click or tap here to enter text.
Date of Application:	Click or tap here to enter text.	Email	Click or tap here to enter text.
Reason for Refund (tick all that apply): <i>Please provide supporting evidence to claim for refund and attach to this application.</i>			
<input type="checkbox"/> Student visa refused by Department of Home Affairs (attach visa refusal letter)			
<input type="checkbox"/> JTI is unable to deliver the course as scheduled			
<input type="checkbox"/> Student withdraws before course commencement			
<input type="checkbox"/> Student withdraws after course commencement			
<input type="checkbox"/> Compassionate or compelling circumstances (attach evidence)			
<input type="checkbox"/> Other (please specify): Click or tap here to enter text.			
Payment Information:			
Total Fee Paid: Click or tap here to enter text.			
Tuition fees: Click or tap here to enter text..			
Material fees: Click or tap here to enter text.			
Other fees (If Applicable): Click or tap here to enter text.			
Payment Date: Click or tap here to enter text.			
Transaction/Payment Receipt Number: Click or tap here to enter text.			
Amount refund requested: AUS\$ Click or tap here to enter text.			
Detailed calculation for refund (Completed by JTI Finance Department): Click or tap here to enter text.			

REFUND METHOD: DIRECT DEPOSIT INTO BANK ACCOUNT

BSB No:	Click or tap here to enter text.
Account No:	Click or tap here to enter text.
Account name:	Click or tap here to enter text.
Recipient's Address:	Click or tap here to enter text.
Bank name:	Click or tap here to enter text.
Branch address:	Street Click or tap here to enter text. Suburb/City Click or tap here to enter text. Country Click or tap here to enter text.
SWIFT Code:	Click or tap here to enter text.
IFSC Code:	Click or tap here to enter text.
IBAN Code:	Click or tap here to enter text.

Student declaration:

- I declare that the information provided in this form is **true, complete, and accurate**.
- I confirm that the bank account details provided are capable of **receiving payments in the chosen foreign currency**.
- I acknowledge and agree to the **conditions of the refund** and confirm that I am the **eligible recipient** of the refund.
- I understand that if a **transaction fails due to incorrect or incomplete banking information**, any additional fees incurred may be **deducted from the refund amount**.
- I acknowledge that the **enrolment fee** are **non-refundable** and will be deducted from the refund amount.
- I understand that this declaration is made in accordance with **ASQA's Standards for RTOs 2015 & 2025**, the **National Code 2018**, and the **ESOS Act 2000** applicable to CRICOS students.

Student's Signature:

Date: ____ / ____ / ____

OFFICE USE ONLY	
Supporting evidence supplied:	<input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT REQUESTED: AUS\$ Click or tap here to enter text. <i>(finance department must validate student records and amount of refund requested)</i>
Has the refund request been approved?	<input type="checkbox"/> YES. If Yes, What is the refund approved amount: AUS\$ Click or tap here to enter text. <input type="checkbox"/> NO. If No, provide details below as to reason and attach supporting documentation Click or tap here to enter text.
Accounts Manager Signature:	Click or tap here to enter text.
General Manager Signature:	Click or tap here to enter text.
Comments, If Any:	Click or tap here to enter text.

*****Note: Ensure the student is contacted with a response to this application within seven (7) calendar days of receipt, in accordance with ASQA Standards for RTOs 2015 (Clause 6.1 & 8.2), which require timely, fair, and transparent handling of student requests and complaints and ESOS Act 2000 / National Code 2018, Standard 6, which obliges providers to inform students promptly of any decisions affecting their enrolment or financial arrangements.***