

## REFUND REQUEST FORM

**Date:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Course Start Date:** \_\_\_\_\_

I wish to apply for a refund for my tuition fees paid for course described above and my reasons for applying for a refund are:

Outline of Refunds	
Application Fee	No refund
Visa refused due to student default	Refund under S47E of ESOS Act calculation applies with 5% or \$500 of the course fees received whichever is less.
Withdrawal at least 10 weeks prior to agreed start date	Full refund
Withdrawal at least 4 weeks prior to agreed start date	75% refund
Withdrawal less than 4 weeks prior to agreed start date	No refund
Withdrawal after the agreed start date*	No Refund
Course withdrawn by Yorke Institute due to sanctions as per ESOS Act Part 6, refunds will be paid in accordance with the provisions of the ESOS Act 2000 and the ESOS Regulations 2001. Refunds will be made within 2 weeks after Yorke Institute cancels the course or the course ceases to be provided. Alternatively, the student may be offered and accept enrolment in a suitable replacement course at the same cost	Refund is worked out in accordance with any unspent pre-paid fees received by Yorke Institute.

**\*Please note where the student breaches Yorke Institute Policies and Procedures no refund is payable. Where a student withdraws from the course without extenuating circumstances only a partial refund is payable. Application fee of \$200.00 is non-refundable.**

If a decision to refund has been made by Yorke Institute, please give details of the bank account you wish the refund to be made into. If you nominate an agent's account Yorke Institute is released of all obligations once the payment is made into the nominated account.

**Bank Name:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Branch Number:** \_\_\_\_\_

**SWIFT Code:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Request received by: Full Name Position	DATE
To be completed by CEO or delegate only Request Approved/Rejected State the reason: Full Name Position	Signature  Date
<b><u>Refund process must be completed within 28 calendar days from application date</u></b>	Refund completed  DATE