

Personal Details	
Date	
Student Name	
Student ID	
Course Code/Course Name	
Course Commencement Date	
Refund Details	
I request a refund for the following:	
Invoice Number	
Amount	
Reason (Please attach any supporting documentation)	
Bank Details	
Bank Name	
Account Name	
BSB	
Account Number	
Acknowledgement	
<p>I understand that my request for a refund will be processed in accordance with the SEA English Academy's Fees, Charges and Refund Policy.</p> <p>I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.</p>	
Signature	
Date	
Authorisation	
Please tick the type of Refund:	
<input type="checkbox"/> Withdrawal <input type="checkbox"/> Transfer <input type="checkbox"/> Cancellation <input type="checkbox"/> Others (please specify):	
This Refund amount is	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Adjusted to \$	
Comments/Reason for Decision/Calculations of Refund	
Refund Method is	
<input type="checkbox"/> EFT <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Credit to Corporate Account	
Name	Position
Signature	Date Processed

Admin Use Only			
Logged in Refund Request Register	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Logged by		Date	
Formal Letter/Email Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Sent by		Signature	