

REFUND APPLICATION FORM

This document is to be completed by the student when requesting a refund for fees.
Students are to read, understand and agree to the "Fee Management Policy" which is available at ATI website.
Please print clearly completing all fields and submit this form to Student Services.

| Personal Details | |
|---|-----------------|
| First Name: | Last Name: |
| Address: | |
| Phone: | Email: |
| Date of Birth: | Student ID: |
| Course Code: | Course Name: |
| Start Date: | End date: |
| Reason for requesting refund: | |
| Amount of requested refund: \$ | |
| Bank Details | |
| Account holder's name: | |
| BSB Number: | Account number: |
| SWIFT Code: | Name of bank: |
| Student Declaration | |
| <p>I have read, understood and agree to the ATI Fee Management policy and declare that the information supplied on this form and the information given in support of my application is correct and complete. I authorise Australasia Technology Institute to obtain official records to make an informed decision about the application or matters that concern enrolment. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application.</p> | |
| Student signature: | Date: |

| Student Support Use | |
|-------------------------------|-------|
| Received by: | Date: |
| Approved by: | |
| Student notification send by: | |
| Total fees to be refunded: | |