

Student Name:		USI:	
Course:			
Workplace (if trainee or apprentice):			
Date of Withdrawal:			

### Refund Application Form

I have commenced my course at East Coast College Pty Ltd: ☐ Yes ☐ No

If no, date of scheduled commencement as listed on Confirmation of Enrolment: \_\_\_\_\_

Student's circumstances and reason for refund	Please tick box
I was refused a student visa (please attach evidence)	<input type="checkbox"/>
I currently owe fees and want them reconsidered	<input type="checkbox"/>
Course was cancelled by East Coast College Pty Ltd	<input type="checkbox"/>
Other (including Compassionate and Compelling Circumstances, if appropriate – please attach description and evidence)	<input type="checkbox"/>

I would like my refund paid to: ☐ Me ☐ Someone else

If someone else, please provide the following information about your nominated recipient:

Name:			
Address:			
E-mail address:		Phone number:	

Please provide the bank account details for deposit of your refund, if approved:

Account name:	
Name of bank:	

**EAST COAST COLLEGE**

ACN: 627 536 823 | ABN: 11 627 536 823

CRICOS Provider Code: 03829G

Level 3, 191 Thomas St, Haymarket, NSW 2000 Australia

Tel: (61 2) 9163 8977 | E-mail: [info@eccollege.nsw.edu.au](mailto:info@eccollege.nsw.edu.au)

Branch:			
BSB:		Account number:	

**By signing this form, you agree:**

- The information provided is true and complete.
- That you have attached all required supporting documents.

_____ Student's signature	_____ Date
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**Please submit this completed form to East Coast College Pty Ltd in one of the following ways:**

- *In person:* East Coast College Pty Ltd  
Level 3, 191 Thomas St,  
Haymarket, NSW 2000 Australia
- *By postal mail:* East Coast College Pty Ltd  
Level 3, 191 Thomas St,  
Haymarket, NSW 2000 Australia
- *By e-mail:* [info@eccollege.nsw.edu.au](mailto:info@eccollege.nsw.edu.au)

**For Office use only:**

Processed by:	
PEO Signature:	
PEO Printed Name:	
Date:	