Form No: BF-010

Name: Student Refund Request Form



Refund Application Form

| Student Name: | | | | |
|---|---|--|--|--|
| Student ID: | Date of Birth: (DD/MM/YYYY) | | | |
| Course Code and Name | | | | |
| Refund Apply Date: | | | | |
| Refund Amount (\$AUD |): | | | |
| Student Declaration | | | | |
| I have read and understood Barton College's refund and cancellation policy. | | | | |
| I have received the details about how my Refund has been calculated and agree to the refund calculated. I understand that I have the right to appeal the calculated amount. | | | | |
| I understand that Barton College will not transfer any funds to a third party unless I explicitly request it in writing, in which case Barton College shall be released of any responsibility in relation to the refund, once the funds have been transferred as requested. | | | | |
| | Signature: | | | |
| Australian Bank Account (please provide the following details) | | | | |
| | | | | |
| Account Name: | | | | |
| Account Number: | | | | |
| | | | | |
| Account Number: | | | | |
| Account Number: BSB Number: | International Bank Account (please provide the following details if applicable) | | | |
| Account Number: BSB Number: | | | | |
| Account Number: BSB Number: Bank Name: | | | | |
| Account Number: BSB Number: Bank Name: Account Name: | | | | |
| Account Number: BSB Number: Bank Name: Account Name: Bank Account/IBAN: | | | | |
| Account Number: BSB Number: Bank Name: Account Name: Bank Account/IBAN: SWIFT Code: | | | | |
| Account Number: BSB Number: Bank Name: Account Name: Bank Account/IBAN: SWIFT Code: Bank Name: | | | | |
| Account Number: BSB Number: Bank Name: Account Name: Bank Account/IBAN: SWIFT Code: Bank Name: Bank Branch: | | | | |

Document Type: Student Refund Request Form

Version 1.1 Approval Date: Sept 2024

Page 1 of 2 Approved By: Principle Executive Officer (PEO)

RTO No: 22048

CRICOS No: 02908F

Review Date: Sept 2025

^{*}Please note that international payments are processed through Western Union and may take up to 10 working days to be received

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Student Refund Request Form



| Office Use (Please circle the option.) | | | | |
|---|---|----------|----|------|
| Verification Process | 1) Student enrolled in Student management system? | Yes | No | N.A. |
| | 2) Withdrawal done in Student management system? | Yes | No | N.A. |
| | 3) Withdraw student in PRISMS by admissions? | Yes | No | N.A. |
| | The above verified & done by: | | | |
| Remarks by Finance: | Approved | Rejected | | |
| Amount received: (\$AUD) | \$ | | | |
| Amount to be refunded: (\$AUD) | \$ | | | |
| Authorized By Finance (name & Signature) | | | | |
| Refund date & Reference: | | | | |

| ACTION TAKEN BY INSTITUTE (Please Circle the option.) | | | |
|---|-------------|--|--|
| GRANTED | NOT GRANTED | | |
| PEO Signature: | | | |
| Date (DD/MM/YYYY): | | | |

CRICOS No: 02908F Review Date: Sept 2025

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