**Please read the International Student Course Withdrawals and Refunds policy carefully to determine your eligibility for a refund before you complete this form.**

Please ensure that you fill out this form carefully, as providing incorrect details may cause your refund to be delayed.

**PERSONAL DETAILS**

|  |
| --- |
| Family Name:  |
| Given name (s):  |
| Date of birth:  | Student id:  |
| Nationality:  | Contact number:  |
| Current postal address:  |
| Suburb:  | Postcode:  |
| Email address:  |
| **REASON FOR REFUND REQUEST** * Withdrawing from the Course Prior to Commencement
* Visa application refused
* Special Circumstances (please Specify)

If the reason for refund is a visa refusal, please attach the letter from the Department of Home Affairs, along with accompanying Decision Record. If the reason for the refund is due to special circumstances (e.g. You are unable to arrive due to illness) please provide supporting documentation (e.g. Medical certificates etc.) |

|  |
| --- |
| **REFUND TO AN OVERSEAS ACCOUNT (Telegraphic Transfer)** Please note ACN is not liable for any bank fee charges or variance from foreign exchange rate fluctuations.  |
|  |

|  |  |
| --- | --- |
| Bank Name:  | Bank Country  |
| Bank Address:  |
| Account Name:  |
| Account Number: | SWIFT Code:  |

**REFUND TO AN AUSTRALIAN ACCOUNT (Electronic Funds Transfer)**

|  |
| --- |
| Account Name:  |
| Bank Name:   |
| BSB Number:  | Account Number:   |

**REFUND TO AN AUSTRALIAN CREDIT CARD (where an Australian Credit card was used to make the original payment)**

|  |  |
| --- | --- |
| Account Name:  |   |
| Expiry Date: (DD/MM/YYYY) |   |

**STUDENT DECLARATION**

|  |
| --- |
| I declare that all the information I have provided is true and accurate and that I have read and understood the International Student Course Withdrawals and Refunds policy.  |
| Signature:   | Date:  |

**Please send your completed International Student Refund Request, together with your supporting documents to:** **customerservices@acn.edu.au**