

TO BE COMPLETED BY THE STUDENT

Required fields* must be filled out for a successful submission

Title*: Mr Miss Ms Mrs

First Name*		Family Name*	
Date of Birth*		Student Number*	
Email*		Phone Number*	
Address*			

Did you apply through an ECA registered agent?* YES NO

If yes, please indicate the agent's company name: _____

Intructions: Please complete sections 1-5.

Applications are assessed primarily on the independent supporting documentation provided to demonstrate your circumstances. The documentation should be provided either as originals or as certified original copies on official letterhead. Please note that all documentation **must include the appropriate dates** of any relevant events i.e (DIBP Visa Refusal Letter or illnesses). Incomplete applications will be rejected.

Section 1



ELSYS ENGLISH LANGUAGE SCHOOLS
CRICOS CODE 02644C
Brisbane Sydney Melbourne

STUDENT NUMBER: _____

CURRENT: Which course would you like to be refunded?

Course name	No of Weeks	Start Date	Fees Paid
PET/FCE/CAE	___	___/___/___	___
GE	___	___/___/___	___
IELTS	___	___/___/___	___
EAP	___	___/___/___	___
Other	___	___/___/___	___



VICTORIA UNIVERSITY
SYDNEY AUSTRALIA
CRICOS CODE 02475D
Sydney Campus Only

STUDENT NUMBER: _____

CURRENT: Which course would you like to be refunded?

Course name	Intake Date	Fees Paid
Diploma of Business (Enterprise)	___/___/___	___
Diploma of Information Technology	___/___/___	___
Bachelor of Information Technology	___/___/___	___
Bachelor of Business	___/___/___	___
Bachelor of Business (Major in Accounting)	___/___/___	___
Bachelor of Business (Major in Information Systems Management)	___/___/___	___
Graduate Diploma in Professional Accounting	___/___/___	___
Graduate Diploma in Business (Enterprise Resource Planning Systems)	___/___/___	___
Master of Business (Accounting)	___/___/___	___
Master of BUSINESS (Enterprise Resource Planning Systems)	___/___/___	___
Master of Applied Information Technology	___/___/___	___



ZBA ZENITH BUSINESS ACADEMY
CRICOS CODE 02997M
Brisbane Sydney Melbourne

STUDENT NUMBER: _____

CURRENT: Which course would you like to be refunded?

Course name	Start Date	Fees Paid
Certificate IV in Accounting	___/___/___	___
Diploma of Accounting	___/___/___	___
Advanced Diploma of Accounting	___/___/___	___
Certificate IV in Business Administration	___/___/___	___
Diploma of Business	___/___/___	___
Advanced Diploma of Business	___/___/___	___



APIC ASIA PACIFIC INTERNATIONAL COLLEGE
CRICOS CODE 03048D
Sydney Melbourne

STUDENT NUMBER: _____

CURRENT: Which course would you like to be refunded?

Course name	Intake Date	Fees Paid
Diploma of Business	___/___/___	___
Diploma of Business Information Systems	___/___/___	___
Bachelor of Business	___/___/___	___
Bachelor of Business Information Systems	___/___/___	___
Graduate Certificate in Business Management	___/___/___	___
Graduate Certificate in Project Management	___/___/___	___
Graduate Diploma in Business Management	___/___/___	___
Graduate Diploma in Project Management	___/___/___	___
Master of Business and Project Management	___/___/___	___
Master of Business Management	___/___/___	___
Master of Business Administration	___/___/___	___

STUDENT NUMBER: _____

CURRENT: Which course would you like to be refunded?

Course name	Start Date	Fees Paid
Certificate IV in Marketing and Communication	__/__/__	_____
Diploma of Marketing and Communication	__/__/__	_____
Advanced Diploma of Marketing and Communication	__/__/__	_____
Certificate IV in Business	__/__/__	_____
Diploma of Business	__/__/__	_____
Diploma of Leadership and Management	__/__/__	_____
Diploma of Project Management	__/__/__	_____
Diploma of Information Technology	__/__/__	_____

STUDENT NUMBER: _____

CURRENT: Which course would you like to be refunded?

Course name	Start Date	Fees Paid
ACS Professional Year	__/__/__	_____
SMIPA	__/__/__	_____

Section 2: Withdrawal / Refund details

Granted exemption from units of study

Overpaid tuition fees / OSHC

Withdrawn from units of study

Withdrawn from course (refer to refund policy in the application)

Transferring to another Education Institution (attach proof)

Medical reasons (attach proof)

Visa Refusal (Copy of Refusal Letter is required)

Other (Please state the reasons in the box below)

Other

Section 3: Refund Details (How did you pay for your tuition fees?)

Bank Cheque	Credit Card*	TT
Bank deposit	EFTPOS	BPAY

The refunds, if approved, will be paid to the person who/ which originally paid the fees. We cannot transfer funds to any other party. Please note that the beneficiary name can only be the name of the person who/ which paid the original tuition fees.

*Unless payment was made by Bank Cheque, Bank Deposit, EFTPOS and TT, refunds must be credited back to the same Credit Card account. Please include a copy of your Credit Card statement as evidence of card details and payment. An online transaction history cannot be accepted as a form of verification. For any other payment method, please supply your bank account details.

I certify that the information provided above is true and correct. If I currently have any fines or fees that have not been paid, I agree that my refund will first be used to pay these debts.

Section 4: Bank & Credit card details

Bank details	Details for Credit Card Refund
Bank Name	Credit Card Holder
Account Name	Credit Card Type
Account N ^o	Credit Card N ^o
Branch Name	Expiry date
BSB	Signature
Swift Code	

Amount Required	\$
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Section 5: Signature and Date

Signature		Date	
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Office use only

For all withdrawals (except visa refusals), the appropriate Marketing Manager must interview and advise approval or rejection and sign this section

Manager Decision	Approved	Reject	Date
Manager Name			Signature
Details			

Accounts Department

Accounts Department Processed by		Date Received	
Signature		Date Processed	
Refund Amount	\$	Refunded Amount	\$

Please complete this form and email it to refunds@eca.edu.au