



International College of Advanced Education

International Student Policy and Procedure Document

CRICOS Provider: 02864B

Refund Request Form

Instructions:

1. This form is for any student enrolled in a CRICOS registered course who wants to apply for a refund of course fees.
2. Please attach any supporting documents to this form. (e.g. Visa refusal notice, medical certificate, offer letter from another provider).
3. Any refund request will be made in accordance with the terms of your signed Written Agreement. Please review your Written Agreement and consider the terms before you submit your application.
4. This form should be completed in full and returned with supporting documentation to info@icae.edu.au. Incomplete forms will not be accepted.

Student Name: _____ **Date of Birth:** _____

Course Start Date: _____ **Student ID #:** _____

Phone Number: _____ **Email:** _____

Reason for Requesting an Refund: Please ensure you have documents to support your statement.

Bank Details: Please ensure your bank details are accurate and complete.

Account Name: _____ Bank Name: _____

Account #: _____ BSB: _____ SWIFT Code: _____

Bank Address: _____

I hereby confirm that this form is complete and correct, I have reviewed my signed Written Agreement and I understand that this refund will be processed in accordance with my signed Written Agreement.

Student Signature: _____ **Date:** _____

Office use only:

Refund approved: YES NO Refund Amount: _____ Staff Name: _____

Refund Payment Date: _____ Accounts Updated: _____ Student Account Updated: _____

Comments: _____
