

REFUND REQUEST FORM

Section 1 – Student Details			
Course:			
Course Date:			
Title:			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Gender:			
Telephone:			
Mobile:			
Email:			
Alternative Email:			
Identification Verified:	Type of ID:		
	ID Number:		
Address:	Building Name:		
	Unit Name:		
	Street:		
	Suburb/Town:		
	State:		
	Postcode:		
	Country:		
Section 2 – Refund Details			
I request a refund for the following:			
Invoice Number:			
Amount:	\$		
Reason: (Please attach any supporting documentation)			
Account holder details:			
Bank name:		Account holder name:	

Account no: BSB no: only for onshore		SWIFT Code if applicable:	
Acknowledgement: I understand that my request for a refund will be processed in accordance with Boston College Fees & Refunds Policy and Procedure.			
Signature		Date:	/ /

Section 3 – Authorisation			
Please tick the type of Refund:			
<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> Transfer	<input type="checkbox"/> Other (please specify)		
This refund amount is:			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> ADJUSTED TO \$	
Comments / Reason for decision / Calculations of refund			
Refund method is:			
<input type="checkbox"/> EFT / Credit Card	<input type="checkbox"/> Cheque	<input type="checkbox"/> Direct Debit	
Account Name		Account No	
Signed:		Position:	
Print Name:		Date Processed:	
Logged in Refund Register:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Logged by:		Signature:	
Formal Letter/Email Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /