



Refund Application Form

Submitted Date ____/____/____

- Please submit your completed form and forward to account@victory.nsw.edu.au
- No refunds will be paid to a third party unless it is indicated at the time the refund application is lodged, that any refunds due are payable to a third party.
- Where a refund is approved, Victory College of Design will make payment of refunds within 28 days of receipt of the *Refund Application Form*.
- A documented administration fee of \$200 will be charged for processing refunds.
- Please note: The 2nd year deposit and material fees are refundable only if the withdrawal application is submitted 5 weeks prior to the agreed start date of your first year of study.

Section 1: Personal Details

Family Name:	Given Name(s):
Date of Birth: / /	
Student ID:	Telephone:
Email Address:	
Address:	
Original Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other (Please state): _____	
Payment Date:	

Section 2: Refund Payment Options

(Refunds will be processed in Australian dollars)

I Agree for **Victory Institute** to refund to a Third party other than my Student Personal Account.

Refund Options

- Cheque/Draft
 Mailing Address (If different from above address):

- Direct Deposit into Bank Account

(Victory Institute will **NOT** be held responsible if any of the following details are incorrect.)

BSB No:	Bank Name :
Account No:	Branch Address:
Account Name:	Swift Code (Overseas):

Please provide detailed reasons for your application. If you require more space, please attach a separate sheet.

Requested Refund Amount: \$ _____

DECLARATION

- I have read the refund policy and understand the terms and conditions.
- I am aware of the academic and financial consequences of the above request and have sought appropriate advice on these matters.
- I understand and agree to be bound by the institution policies and deadlines for the processing of refunds.
- I declare that the information I have given on this application is correct and understand that by knowingly making false or misleading statements that I may be liable for prosecution. I also authorise the Victory College of Design to gather and obtain any necessary information pertaining to this application.

Section 3: Student Declaration/Consent

I agree to the conditions of this Refund Application and declare that I am the person to whom this refund is to be paid.

Signature: _____ Date: _____

OFFICE USE ONLY

Prepared by: _____ Refund Amount: \$ _____
 Authorised by: _____ Payment processed by: _____ Date: _____

Finance Department ONLY

REFUND REQUEST CALCULATION FORM

Request Date : ___/___/___

Student ID :	Date of Birth: ___/___/___		
Family Name:	Agent Name:		
Given Name:			
Reasons of Refund Request: Supporting document attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Starting Date:	Course :	<input type="checkbox"/> General English	<input type="checkbox"/> IELTS <input type="checkbox"/> EAP
Finishing Date:		<input type="checkbox"/> Certificate IV in Screen and Media (3D Animation)	<input type="checkbox"/> Diploma of Screen and Media

Tuition fees & other fees PAID by a student or on behalf of a student:

Tuition & other fees to be REFUNDED in accordance with Victory College of English and Victory College of Design Student Refund and Cancellation Policy – Refund of Tuition Fees:

Enrolment Fee:	\$ _____	Non-refundable
Prepaid Tuition Fee:	\$ _____	\$ _____
Material Fee:	\$ _____	\$ _____
Overseas Student Health Cover	\$ _____	\$ _____
Accommodation Placement Fee:	\$ _____	Non-refundable
Accommodation Fee:	\$ _____	\$ _____
Airport Transfer Fee:	\$ _____	\$ _____
TOTAL Prepaid Fees:	\$ _____	\$ _____

Enrolment Fee:	\$ _____	-\$ _____
Agent Commission Deducted (if applicable):	\$ _____	-\$ _____
GST Deducted (if applicable):	\$ _____	-\$ _____
Cancellation Fee (if applicable):	\$ _____	-\$ _____
TOTAL REFUND:		\$ _____

PLEASE NOTE: REIMBURSEMENT IN THE CASE OF PROVIDER (VICTORY INSTITUTE OF VOCATIONAL EDUCATION PTY LTD) DEFAULT IS WITHIN (2) TWO WEEKS OF THE DEFAULT DATE OCCURRING TO THE STUDENT (SECTIONS 27 (1) OF THE ESOS ACT 2000). IN THE CASE OF STUDENT VISA REFUSAL AND/OR STUDENT DEFAULT, THE REFUNDS WILL BE MADE WITHIN (4) FOUR WEEKS AFTER RECEIVING A WRITTEN CALIM FROM THE STUDENT.

OFFICE USE ONLY

Marketing Support Checklist		Date Actions Made:	
eCOE Cancelled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials:
SSO informed by email	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials:
Accounts Receivable informed by email	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials:

Refund Authorisation: Approved **Due Date:** _____ Rejected

Director Signature		Date	
Accounts Checklist		Date Refund Request Received:	
Refund Paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials:
MYOB Updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials:

Please note, this and other information may be provided to the Australian Government (DEEWR, DIBP), the designated authority (ASQA) and other government agencies in relation to administering the ESOS Act 2000, the National Code 2007 and/or the Migration Act (as amended).