

Submitted Date:

PLEASE ENSURE YOU READ THE CONDITIONS OUTLINED BELOW BEFORE APPLYING.

- Please submit your completed form and forward to admission@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 Institute 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.

PERSONAL DETAILS

Student ID

First Name

Middle Name

Last Name

Date of Birth

Address

Phone & Mobile P. M.

Email

Original Payment Method:
 Credit Card Direct Deposit Other

Payment Date

REFUND PAYMENT OPTIONS

Refunds will be processed in Australian Dollars (\$AUD).

I agree for Victory Institute to refund to a Third Party other than my Student Personal Account.

Student's Signature Here.

Refund Options

Cheque / Draft

Mailing Address

Direct Deposit into Bank Account
Victory Institute will NOT be held responsible if any of the following details are incorrect.

Bank Name

Branch Address

BSB No. Account No.

Account Name

Swift Code (Overseas)

REQUESTED REFUND AMOUNT: \$

REASONS

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

DECLARATION / CONSENT

- 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 Institute to gather and obtain any necessary information pertaining to this application.
- I agree to the conditions of this Refund Application and declare that I am the person to whom this refund is to be paid.

Student's Signature Here.

Date:

OFFICE USE ONLY

Refund Amount Date

Prepared by Authorised by

Payment processed by

FINANCE DEPARTMENT ONLY

REFUND REQUEST CALCULATION FORM

Requested Date	<input type="text"/>	Student ID	<input type="text"/>
First Name	<input type="text"/>	Intake Date	<input type="text"/>
Middle Name	<input type="text"/>	Finish Date	<input type="text"/>
Last Name	<input type="text"/>	Agent Name	<input type="text"/>
Course	<input type="text"/>		

Reason for refund request
 Supporting document/s attached? Yes No

Tuition fees & other fees PAID by a student or on behalf of a student:
 Tuition & other fees to be REFUNDED in accordance with Victory Institute Student Refund and Cancellation Policy.

Enrolment Fee	\$	<input type="text"/>	Non - Refundable	
Prepaid Tuition Fee	\$	<input type="text"/>	\$	<input type="text"/>
Material Fee	\$	<input type="text"/>	\$	<input type="text"/>
Overseas Student Health Cover	\$	<input type="text"/>	\$	<input type="text"/>
Accommodation Placement Fee	\$	<input type="text"/>	Non - Refundable	
Accommodation Fee	\$	<input type="text"/>	\$	<input type="text"/>
Airport Transport Fee	\$	<input type="text"/>	\$	<input type="text"/>
TOTAL Prepaid Fees	\$	<input type="text"/>	\$	<input type="text"/>

Enrolment Fee	\$	<input type="text"/>	- \$	<input type="text"/>
Agent Commission Deducted (if applicable)	\$	<input type="text"/>	- \$	<input type="text"/>
GST Deducted (if applicable)	\$	<input type="text"/>	- \$	<input type="text"/>
Cancellation Fee (if applicable)	\$	<input type="text"/>	- \$	<input type="text"/>

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: Yes No initials:

SSO informed by email: Yes No initials:

Accounts Receivable informed by email: Yes No initials:

ACCOUNTS CHECKLIST

Date Actions Made:

Refund Pad: Yes No initials:

MYOB Updated: Yes No initials:

REFUND AUTHORISATION

APPROVED - Due Date:

REJECTED

Director's signature

Date: _____

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).