

REFUND REQUEST FORM

To be completed by all students requesting a refund. All relevant fields must be filled out or this form will not be accepted.

Part A Your Personal Details

Student ID:	
Family name:	Given names:
Contact number:	Date of Birth:
Email address:	

Part B Payment Details

<input type="checkbox"/> Re-credit to SAIBT <input type="checkbox"/> Re-credit to UniSA	
<input type="checkbox"/> Bank transfer – Australian Bank	<input type="checkbox"/> Bank transfer – International Bank
Bank name:	Bank name:
Account name:	Bank Address:
BSB no:	SWIFT Code:
Account no:	Account name:
	Account no:

Part C Student Declaration

Your request will be assessed in accordance with the Refund Policy available for viewing at <https://international.unisa.edu.au/pre-entry-and-pathway-programs/celusa/policies-and-procedures/> for CELUSA students or <https://www.saibt.sa.edu.au/policies> for SAIBT students.

The review process can take up to 4 weeks. If you have not heard back regarding your application after this time please contact the Student Services Centre.

- I have read the refund policy as stated above.**
- I agree with the conditions of refund and declare that I am the person for whom this refund is to be paid.**

Signed: _____ Date: _____

**Guardian to sign if student is under the age of 18*

OFFICE USE ONLY Finance Approval

Comment:		
Name:	Signed:	Date:

Lodgement details:

In person: Student Services Centre Brookman Building City East Campus, UniSA North Tce, Adelaide	By post: GPO Box 2471 Adelaide SA 5001	By fax: +61 8 8302 1557	By email: SAIBT.CELUSA.StudentServices@navitas.com
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