



Refund Application Form

Submit the completed form to Student Administration Office, Level 2, 127 Rundle Mall, Adelaide, South Australia, 5000.

STUDENT INFORMATION

GHE STUDENT ID

FIRST NAME

LAST NAME

DATE OF BIRTH

GENDER

MALE

FEMALE

OTHER

Are you an International Student Studying in Australia?

YES

NO

CONTACT DETAILS

MAILING ADDRESS

SUBURB/TOWN/CITY

COUNTRY

POSTCODE

MOBILE NO

eMAIL

PROGRAM DETAILS

PROGRAM CODE

PROGRAM COMMENCEMENT DATE

PROGRAM NAME

REASON FOR REFUND

- WITHDRAWAL FROM PROGRAM APPROVED WITHDRAWAL MUST BE ATTACHED
- VISA REFUSAL DHA NOTIFICATION AND DECISION OF RECORD MUST BE ATTACHED
- EXCEPTIONAL CRICUMSTANCES COMMENCING STUDENTS ONLY-APPROPRIATE SUPPORTING DOCUMENTS MUST BE ATTACHED
- OTHER (PLEASE STATE)

PAYMENT DETAILS

NOTE: Payment will be made to the orginating payment source except where the payment is approved to transferred to another Australian educational institution. Proof of Orginal Payment must be attached

ORIGINAL PAYMENT DATE

PAYMENT REFERNCE NO

Is the refund payment being made to a specific person, sponsor or Australian education institution: YES NO

IF YES PLEASE SELECT ONE OF THE BELOW AND ATTACH RELEVANT SUPPORTING DOCUMENTS

- Transfer to a specific person/Sponsor (beneficiary)

Relationship to Student

- Transfer to another Australian educational institution **Signed Offer Letter must be attached**

If No, please state relationship and reason for transfer. additional support documents may be required.

Provide Reason/s

REFUND METHOD

INTERNATIONAL MONEY TRANSFER

BENEFICIARY NAME	<input type="text"/>
BENEFICIARY ADDRESS	<input type="text"/>
BANK NAME	<input type="text"/>
BANK ADDRESS	<input type="text"/>
SWIFTCODE/BIC	<input type="text"/>
IFSC/CNAPS	<input type="text"/>
ACCOUNT NAME	<input type="text"/>
ACCOUNT NO/IBAN	<input type="text"/>
ACCOUNT CURRENCY	<input type="text"/>

CREDIT CARD (if payment is made via credit card your refund must be paid back to the original credit card)

CARD HOLDER NAME	<input type="text"/>	CARD TYPE	<input type="text"/>
CARD NUMBER	<input type="text"/>	DATE OF EXPIRY	<input type="text"/>

ELECTRONIC FUNDS TRANSFER (EFT)

BANK NAME	<input type="text"/>		
ACCOUNT NAME	<input type="text"/>		
BSB NUMBER	<input type="text"/>	ACCOUNT NO	<input type="text"/>

Declaration:

- I declare that I have read the instructions and that the information submitted on and with this form is complete and accurate in all respects.
- I have have attached all supporting documentations.
- I understand that the provision of incorrect or incomplete information may result in a delay or prevent refund processing.
- I understand Global Higher Education is not liable for any bank charges or variances due to foregin currenty exchange rates.
- I authorise for my refund payment to be send to the specified person(beneficiary), I have nominated in this application.
- I understand that it is my responsibility to submit all necessary supporting documentation with this application and acknowdlege that my my refund application will not be processed until all required information has been provided.
- I understand that i am fully responsible for any loss or expenses arising out or in ay way connected with the provisions of incomplete or incorrect information.
- I consent to the use and disclosure of the information provided by me in this refund application as per GHE Privacy Policy.
- I have read and understood Global Higher Education Student Fees, Charges and Refunds Policy and Procedure and am aware of the requirements of Global Higher Education Student Fees, Charges and Procedure.

Student Signature

Date