RHODES COLLEGE

RTO No: 21870
CRICOS Provider Code: 02992E
ABN: 39 122 778 563

Level 3
118 Queen Street
Melbourne VIC 3000

Telephone (03) 8395 0151
E-mail info@RhodesCollege.vic.edu.au

Application for Student Refund

For office Use
Date Receipt and advice number sent to the student
Advice Number_____
Amount _____
Sent on _____/____/_____
Sent by _____

PERSONAL INFORMATION

☐ **Domestic student** ☐ **International student**

Title

Family Name

Given Names

Student ID

Course/Batch

Mailing Address

Postcode

Phone: Mobile

Phone: Landline

E-mail

Reasons for refund request (Please provide short summary of reasons for requesting Refund and attach supporting documentary evidence where required).

_____

_____

Bank details for refund

Amount of Fee Requested for _____

Account Name _____ **Account Number**_____

Bank name _____ **Bank Address**_____

BSB _____ **SWIFT Code** _____

Signature of the Applicant _____ **Date** _____