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

Student Refund Application Form

(Students who want to apply for refund, should fill this form and email to finance@rhodescollege.vic.edu.au)

Personal Details	Student Name:
	Student ID:
Home Address	
	Postcode:
Contact Details	Mobile: Home Phone:
	Email:
Course Details	

Reason for Refund Request: (Please provide short summary of reasons for requesting Refund and attach supporting documentary evidence where required).

Please select your preferred method of payment (*):

◯ **Bank Details for Refund:**

Bank Name: _____   Account Name: _____

BSB: _____   Account Number: _____

Bank Address: _____   SWIFT Code: _____

Recipient Address: _____

◯ **Card Details for Refund:**

Cardholder's Name: _____

Card Number: __ __ __ __   __ __ __ __   __ __ __ __   __ __ __ __

Credit Card Type: ◯ Master Card   ◯ Visa   ◯ AMEX

Expiry Date: _____ /_____ Card Verification Value (CVV- last 3 digits on the back of the card): __ __ __

(*) The refund amount will be processed to the same card(s) which was used to make the payment(s); or to student's bank account or his/her nominated person's bank account if the payment was made by cash or electronic funds transfer.

| Student Signature: | | Date: | |

Office Use Only			
Date Received:		Received By:	
Refund Amount Approved:		Approved By:	
Date Processed:		Processed By:	
Payment Advice Number:		Payment Processed By:	
Date of Correspondence sent to Student:		Sent By:	

| Application for Student Refund | Version: 17.0 | Issue Date: 01 July 2025 | Review Date: 01 July 2026 |
| Managed By: VET Coordinator | | Authorized By: CEO | Page 1 of 1 |

Queens Group Pty Ltd (T/A) RHODES COLLEGE