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

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:**	