



STUDENT REFUND REQUEST FORM

Please complete this form in Black / Blue Ink using CAPITAL LETTERS

Date: _____ Student No: _____

Student Name: _____

Date of Birth: _____ Mobile No: _____

Email Address: _____

Current Address: _____
(Mandatory)

Reason for Refund

- Student Visa Application was refused (Evidence Required)
- Provider Default - CTI is unable to deliver the agreed course in full, or to commence the course on the scheduled / agreed course start date.
- Compelling or Compassionate Circumstances (Evidence Required - Eg. Medical Certificate / Death Certificate.)
- Student does not meet the minimum entry requirements, or the conditions set out in the Letter of Offer.
- Transferring to another provider (Evidence Required – case by case)
- Change of visa sub-class to Permanent Resident (Evidence Required)
- Other (please specify): _____



Canterbury Technical Institute
333 Adelaide Street, Brisbane, QLD 4000
CRICOS Code – 02938M / Provider Code – 31645

Payment Details:

You must select only ONE method from the section below and complete ALL requested details correctly to avoid delaying the processing of your refund.

<input type="checkbox"/> Bank transfer – International Bank	<input type="checkbox"/> Bank transfer – Australian Bank
Bank name: _____ _____	Bank name: _____ _____
Bank Address: _____ _____	Bank Address: _____ _____
Branch: _____	Branch: _____
Account name: _____	Account name: _____
Account no: _____	Account no: _____
SWIFT Code: _____	BSB: _____

Student Declaration

I declare that the information provided on this form is true and complete and that is my responsibility to provide all necessary documentation to support my request for refund. I agree and have read thru the CTI refund policy for international students. I understand there is a \$150 refund processing fees unless advised otherwise and a bank charge for refunds to international bank accounts. I understand my refund will be processed within 10 days from the date the College has received all required documentation

Student Signature: _____

Date: _____

For Office Use	
Refund Request	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Refund Amount - _____	Ref / Refund # - _____
Received on - _____	Processed on - _____
Approved by- _____	Processed by - _____