

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): _____

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 through the CTI refund policy for international students. I understand there is a \$250 refund processing fee or as mentioned within the Offer Letter unless advised otherwise and a bank charge for refunds to international bank accounts. I understand my refund will be processed within 20 business 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 - _____