

REFUND FORM

STUDENT INFORMATION

Student ID:

Title (Mr., Mrs., Ms.):

Last name:

Given name:

Telephone number:

Date of birth (dd/mm/yy): ____ / ____ / ____

Mobile number:

E-mail address:

Course/s:

Start date (dd/mm/yy): ____ / ____ / ____

Finish date (dd/mm/yy): ____ / ____ / ____

REFUND REQUEST

Refund to: Student Others

Within Australia Bank Details (Domestic)
Outside Australia Bank Details (International)

Name of Bank:

SWIFT code:

BSB:

Account number:

Account number:

Account name:

Account name:

Address:

Postcode:

Country:

Phone number:

Reason for refund:

Note: This application must be supported by additional documents that can be verified.

Student signature:

Date: (dd/mm/yy) ____ / ____ / ____

OFFICE ONLY

Date Processed: ____ / ____ / ____ Name & signature of Griffin College representative:

Refund Amount: \$_____ EFT