

Avalon College Refund Request Form

1. Student Details

Full Name: _____

Student ID (if known): _____

Date of Birth: ____ / ____ / ____

Nationality: _____

2. Parent/Guardian Details (if applicable)

Full Name: _____

Relationship to Student: _____

Email: _____

Phone Number: _____

3. Refund Request Type

- ☐ Visa Refusal
- ☐ Course Not Offered
- ☐ Withdrawal Before Course Commencement
- ☐ Withdrawal After Course Commencement (Note: Not refundable)
- ☐ Other (please specify): _____

4. Supporting Documents

(Please tick all attached documents)

- ☐ Copy of visa refusal letter
- ☐ Copy of student's passport/visa
- ☐ Letter explaining reason for withdrawal
- ☐ Proof of payment (e.g. bank receipt, transaction record)
- ☐ Other: _____

5. Refund Recipient Details

(Note: Refunds can only be paid to the original fee payer or student's parent)

Account Holder Name: _____

Document Reference: AC-ENR-007

Version: 1.0

Effective Date: 27 March 2025

Next Review Date: 27 March 2026

Approved by: Avalon College Managing Director

Bank Name: _____

BSB: _____ Account Number: _____

SWIFT Code (if international): _____

Bank Address: _____

6. Declaration

I declare that the information provided is true and correct. I have read and understood Avalon College's Refund Policy (AC-ENR-004) and accept that fees are refundable only under the conditions stated in the policy. I also understand that no further claims will be made.

Signature of Student or Parent/Guardian: _____

Date: ____ / ____ / ____

*This form must be submitted to admin@avaloncollege.vic.edu.au or handed to the College Reception. Refunds will be processed in accordance with the **Avalon College Refund Policy (AC-ENR-004)**.*

Office Use Only

Date Request Received: ____ / ____ / ____

Received By: _____

Documents Attached: ☐ Yes ☐ No

Recommended Action: _____

Approved By: _____

Refund Amount: \$ _____

Date Processed: ____ / ____ / ____

Processed By: _____

Payment Receipt No: _____

Notes: _____