

Student Refund Request Form

Note for the student: Complete the following sections electronically OR in legible handwriting using a Black/blue pen . Please make sure that you have read and understood all the PAX Fee and Refund Policy – before submitting this form to finance@pax.edu.au			
Student Name		Student ID	
Enrolled Course(s) <i>(Please list all the courses you are enrolled in)</i>	Course No.1		
	Course No.2		
	Course No.3		
Full Address			
	Country		Postcode
Reason(s) for Request for Refund <i>(Supporting evidence must be attached. The refund will not be processed if satisfactory reasons and supporting documentation are not provided)</i>	Medical		
	Visa Related		
	Transfer		
	Other		
Bank Details for Electronic Refund (Australian banks)	Account Holder Name		Branch Number/BSB
	Bank Address		Account Number
	IBAN		SWIFT Code
Bank Details for Electronic Refund (International Transfer)	Account Holder Name	Account Holder Address	
	Bank Name	Bank Address	
	Account Number		SWIFT Code
	Any other unique code		
Student Declaration and Signature	Declaration: I have fully read and understood PAX's refund policy and understand that the refund can only be made to myself or a personal authorised by me in writing.		
			Date

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ADMIN USE ONLY			
Refund Request		<input type="checkbox"/> Granted <input type="checkbox"/> Declined	
If Granted (Refer to the PAX Refund Policy on www.pax.edu.au)		Amount: A\$	Refund Date :
If Declined - Accounts Department to Notify Student		Reason(s) for decision:	
Approved by CEO		Signature:	Date:
Processed by Finance	Name:	Signature:	Date:
Updated on the Student Profile on WISENET	Name:	Signature:	Date:
Notified the outcome to the student by email	Name:	Signature:	Date: