

STUDENT REFUND REQUEST FORM

Your refund request will be assessed in accordance with the CHARLTON BROWN Refund Policies available on
www.charltonbrown.edu.au

Section A – Personal Details	
Family Name:	Given Name:
Address:	
Phone:	Student Number:
Course/s Enrolled:	
Commencement Date at Charlton Brown:	

Section B: Reason for Refund Request – documentation required (please tick)			
<input type="checkbox"/>	Family/Personal/Financial Reasons	<input type="checkbox"/>	Refused Student Visa
<input type="checkbox"/>	Failure to meet English language requirements	<input type="checkbox"/>	Obtained permanent resident status
<input type="checkbox"/>	Medical reasons	<input type="checkbox"/>	Study at another register provider
<input type="checkbox"/>	Other compassionate and compelling circumstances (please specific)		

Section C: Refund			
Details of a bank account for electronic fund transfer			
BSB		Full Bank Name	
Account Number		Full Branch Address: (For international bank accounts)	
Account Name		Bank Swift Code (For international bank accounts)	

Note: International refunds attract transfer charges, which will be deducted from your refund.

Section D: Student Declaration
I agree with the conditions for the refund policy and declare that I am the person for whom this refund is to be paid.
Students Signature: _____ Date: ____/____/____

Authorisation of payment to a third party:
Complete this section if the refund is to be paid to someone other than you or into a joint account.
I _____ authorise Charlton Brown to pay this refund to the person specified in Section C . I agree with the conditions of the refund, and I understand this refund will not be paid to me.
Students Signature: _____ Date: ____/____/____

Please return your completed form to: accounts.receivable@charltonbrown.edu.au