

Refund Request Form

Note : Please make sure that you ha Fee Refund Policy – before submitti			d all the related po	olicies – in particular, the	
Student ID:					
Student Name:					
Enrolled Course(s) (Please list all the courses you are enrolled in)	Course Code:		Title:		
	Course Code:		Title:		
	Course Code:		Title:		
Full Address:					
	Country:		Postcode/ZIP:		
Reason(s) for Request for Refund – Fill in the Details (Supporting documents/evidences must be attached. Pacific Islands Institute may not be able to	Medical				
	Visa related				
	Transfer				
process a refund if satisfactory reasons and supporting documentation is not provided)	Other				
Bank Details for Electronic Refund (As applicable)	Bank Name:		Branch Number/BSB:		
	Bank Address:		Account Number:		
	IBAN:		Swift Code:		
Student Declaration:	Declaration: I have fully read and understood refund policy and understand that the refund can only be made to myself or a personal authorised by me in writing.				
Sign:	1		Date:		

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ADMIN use only:

Refund Request	Granted		Declined
If Granted	Eligibility	Full refund	Amount: A\$
		Partial refund	Amount: A\$
Note: Please refer to Fees & Refund Policy for applicable criteria	Applicable Criteria		
	Refund by	Date:	
If Declined	Reason(s) for Decision:		
Notify student			
Approved by	Name:	Signature:	Date:

Please handover this form at reception desk of Pacific Islands Institute Pty Ltd or email us on info@pacificinstitute.edu.au



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