



## Refund Application Form

Student Full Name		Student ID	
Course Title		Phone:	
Email Address		Date:	

Enrolment status	Please tick box
I have commenced my course	<input type="checkbox"/>
I have not commenced my course	<input type="checkbox"/>
I currently owe fees and want them reconsidered	<input type="checkbox"/>

Condition for Refund
All refunds are made according to the Aim Institute of Health and Sciences Refund Policy which can be found on the offer letter. If the refund is approved, the refund will be paid into your nominated bank account (or where it is identified that another person or organization paid the fees, to their nominated bank account) within 10 working days of the decision. All students must ensure they have read and understood the Institute's Refund Policy prior to completing this form.

Bank Remittance Details
Please provide details of the nominated bank account where you would like the refunded fees transferred into. If you were not the individual or organization who made the payments, the application refund fees will be transferred into their nominated bank account.
Bank Name: _____ Account Name: _____
Account Number: _____ BSB number: _____

Reason for refund request

<b>Document Name:</b>	Refund Application form			<b>Created Date:</b>	12th Aug 2019
<b>Document No:</b>	SC5.1	<b>Version No:</b>	3.0	<b>Last Modified Date:</b>	01 <sup>st</sup> March 2021
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**Student Declaration**

I declare that I have read and understood the Aim Institute of Health and Science (AIMIHS) Student Deferment, Suspension, Cancellation and Refund Policy and term and conditions stipulated in my Offer Letter Agreement, and confirm that the information and supporting documentation provided by me is true and correct. I understand that providing false information to the AIMIHS may result in the termination of my enrolment and/or entitlements.

Student's Signature:

Date: \_\_\_\_\_

**Office Use Only**

Received By

Application Status

Approved

Rejected

Processed By

Signature

Date: \_\_ / \_\_ / \_\_

Fees Paid: \$ \_\_\_\_\_.

Receipt No: \_\_\_\_\_

Date of Payment: \_\_ / \_\_ / \_\_

Amount Refunded : \$ \_\_\_\_\_.

Date of Refund : \_\_ / \_\_ / \_\_

**Staff Comments**

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