



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 written agreement and Student handbook. If the refund is approved, the refund will be paid to the original payment method within 20 working days of the application and evidence of documentation received. All students must ensure they have read and understood the AIM Institute of Health & Sciences' (AIMIHS) 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.
Bank Name: _____ Account Name: _____
Account Number: _____ BSB number: _____

Reason for refund request



Student Declaration

I declare that I have read and understood the AIMIHS Student Deferment, Suspension, Cancellation and Refund Policy and term and conditions stipulated in my Written agreement, and Student handbook, 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