



Student Name:																	
Student Address Details:	Street No and Street Name: _____ Suburb/ State and Postcode: _____																
Student ID Number:																	
Refundable Amount:	\$ _____																
Reason for Refund (where relevant attach supporting documents):																	
EFT payment details:	<input type="checkbox"/> EFT Australia (please specify ✓) - Account Holders Name: _____ - Account Type: _____ - BSB: ____ - ____ (six digits) - A/C No: _____ (max 9 digits) <i>(If not an Australian Bank Account or a Tuition Fee refund please complete Study Group Australia Refund Form)</i>																
Student/Beneficiary Sign & Date	_____ Date: ____ / ____ / 20____																
Approval: <i>Office use only (DOA Stamp approval Required)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Description:</td></tr> <tr> <td style="width: 70%;">Account Expense Code</td> <td style="width: 30%;">Amount</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td style="text-align: right;">Invoice Total</td> <td>\$</td> </tr> <tr><td colspan="2" style="text-align: center;">APPROVAL</td></tr> <tr> <td>Signature:</td> <td>DOA Band</td> </tr> <tr> <td>Name:</td> <td>Date:</td> </tr> </table>	Description:		Account Expense Code	Amount					Invoice Total	\$	APPROVAL		Signature:	DOA Band	Name:	Date:
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*All refunds are subject to the Refund Policy as stated in the Terms and Conditions of ACPE brochures. Please note that refunds take 28 days to process from the date we receive your refund request with the correct bank details.