

REFUND REQUEST FORM

This form is to be used when making an application for a refund. Refund will be provided to you as per our Fees and Refunds Policy and Associated Procedures, a copy of which could be downloaded from our website www.opie.vic.edu.au.

All refunds will be processed as per the information included in the International Student Handbook about fees and refunds. Provision of bank details below are taken to mean that you authorise payment to this account.



1. STUDENT DETAILS

Name		Date	
Address		Mobile No.	
Student No.		Date of Birth	
Course Name		Email	
		Start Date	

2. REFUND DETAILS

I REQUEST REFUND FOR THE FOLLOWING:

AMOUNT \$

REASON FOR REFUND (Please provide any supporting documents)

- Initial Visa Refusal - visa is refused and therefore student did not commence course (*Full Refund of all fees minus the Application Fee*)
- Withdrawal **more than 10 weeks** prior to course or semester commencement (*70% Refund minus the Application Fee*)
- Withdrawal **5 or more weeks** prior to course or semester commencement (*50% Refund minus the Application Fee*)
- Withdrawal **less than 5 weeks** prior to course or semester commencement (*All pre-paid tuition fees for up to 1 full term to be paid*)
- Visa refusal after student has already commenced their course (*Refund amount is calculated as follows: weekly tuition fee x weeks in the default period.*)
- Withdrawal after the course or semester commences (*No Refund on Current Semester Fee*)
- Provider Default **before** commencement (*Full Refund*)
- Provider Default **after** commencement (*Full refund of all unspent tuition fees calculated as follows: Weekly tuition fee multiplied by the weeks in the default period [calculated from the date of default].*)
- Other reason

Please provide further details why you wish to apply for a refund. **Do not forget to provide evidence to back your claim:**

3. STUDENT BANK DETAILS

Please enter your bank account details in which you would like to receive your refund.

SWIFT CODE	<input type="text"/>
Account Number	<input type="text"/> BSB <input type="text"/>
Account Name	<input type="text"/>

ACKNOWLEDGEMENT

I understand that my request for a refund will be processed in accordance with the Fees and Refunds Policy and Associated Procedures.

Name	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>		

IF STUDENT IS UNDER 18 YEARS OF AGE

Parent/Guardian Name	<input type="text"/>	Mobile No.	<input type="text"/>
Signature	<input type="text"/>		
Relationship to Student	<input type="text"/>	Date	<input type="text"/>

OFFICE USE ONLY

Please tick the type of refund:

<input type="checkbox"/> WITHDRAWAL	<input type="checkbox"/> CANCELLATION	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> PROVIDER DEFAULT	<input type="checkbox"/> OTHER
Specify: <input type="text"/>				

This refund is:

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> ADJUSTED TO <input type="text"/> AUD \$
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COMMENTS:

TOTAL AMOUNT OF REFUND: AUD\$

REFUND METHOD	<input type="checkbox"/> EFT/CC	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit to Student's Ongoing Account
REFUND PAYABLE TO	<input type="checkbox"/> Student	<input type="checkbox"/> Agent	

ADMIN USE

<input type="checkbox"/> Recorded in student file	<input type="text"/>	Date	<input type="text"/>
RECORDED BY:	<input type="text"/>		

AUTHORISATION

Name	<input type="text"/>
Signature	<input type="text"/>
	Date <input type="text"/>



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OPIE v3.5 | Reviewed September 2025 | Created by: CO | Approved by: CEO