

## **Refund Application**

Important: please send completed application to <u>accounts@vibecollege.edu.au</u> and allow up to 10 working days for approval and payment.

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Student Number:			Email:					
Family Name:			Given Name:					
Start Date:			End Date:					
Course Enrolled:								
Visa Type (only for O	verseas Students	s):						
Refund Requested to (Circle one):		Student (Self)		Agent				
Bank Details for Refund:			, ,					
Reason for Refund:								
Student Signature:			Dat					
Note: This application must be supported by additional documents that can be verified. Please provide any								

Note: This application must be supported by additional documents that can be verified. Please provide any documents that would support your reasoning for refund request. Vibe College might request more documents and information during the review process.

## **OFFICE USE ONLY:**

OTHER COLUMN							
Application Received:			Application Processed:				
Status of application:	Approved			Denied			
Refund Amount AUD:			Refund Sent through:				
Refund Processed by:							
Signature :							