

Brisbane Campus Level 5-6, 119 Charlotte Street Brisbane QLD 4000 Gold Coast Campus G104-G105, Australia Fair, Southport QLD 4215 www.mastery.edu.au
 info@mastery.edu.au
 PO Box 15104, City East QLD 4002
 ACN 150 307 725 | RTO 40813 | CRICOS 03542A

REFUND REQUEST FORM

This form should be filled by students if they request refunds for any fees and charges they have paid to MIA, please note that all requests are subject to MIA's <u>refund policies and management approvals</u>. Please fill out one form for each refund request.

PELSONAL DETAILS							
Student Name	(As appeared on your student card or passport)						
Student ID:							
Course Enrolled:							
Course Duration:							
CONTACT DETAILS							
Address:							
Suburb:				State:		Postcode:	
Mobile:			1				
E-mail:							
REFUND DETAILS (Please tick on boxes where applicable)							
Date of original payment:	Amount paid: \$						
Reason for refund:	☐ Withdrawal from Program						
(please cross relevant box)		☐ Visa Refusal – <i>supporting documents must be attached (incl.</i>					
	Withdrawal/Cancellation Request Form & Visa Refusal Letter) ☐ Overpayment						
	☐ Others, please specify						
Preferred method of	☐ Domestic Bank Transfer / EFT						
refund	Acco	Account Holder Name in Full:					
	BSB:						
	ACCOUNT NO:						
	☐ International Bank Transfer						
	Account Holder Name in Full:						
	Banl	Bank Name:					



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	Branch Address:						
	Branch Phone Numb	Branch Phone Number:					
	SWIFT CODE:	SWIFT CODE:					
	ACCOUNT NO:						
Please tick if the following is applicable to you:	_	☐ I authorise for an alternative payee to receive my refund and have completed in this Refund Request Form					
Student declarations:							
☐ I have read and understood the MIA student refunds policies and procedures ☐ I declare that the information provided by me is true, correct and completed to the best of my knowledge ☐ If the refund request is approved, I authorise MIA to pay my refund into the elected bank account as per my instructions							
Student signature: Date:							
OFFICE USE ONLY (Please tick on boxes where applicable)							
Outcome: Approved Declined							
Approved by: Approval Date:							
Signature:							
Refund Amount	\$	Cheque Number (if applicable):					
Date Refunded:			,				

Other comments: