

INTERNATIONAL STUDENT REFUND AND WITHDRAWAL FORM

Please print clearly in English and in BLOCK letters. Please tick boxes where appropriate.

STUDENT DETAILS

Student code:		Title:	
Family name:		Given names:	
Date of birth: (dd/mm/yyyy)	Age:	Gender: Male <input type="checkbox"/> Female: <input type="checkbox"/> (Please tick)	
Home address:			
City:		State/Province:	
Country:		Postcode:	
Home telephone number: (Inc country code)		Mobile telephone number: (Inc country code)	
Email:			

WITHDRAWAL COURSE DETAILS

Course you wish to withdraw from:	
Last Date you will attend class:	
Please explain reason you wish to withdraw and/or seek a refund: (Please attach evidence to this form)	

REFUND DETAILS

Please indicate if the transfer is to you or a third party's account (please tick one)

- Self (parent/guardian)
- Third Party (Please note payments cannot be made to education agents)

Title:	Name:	Relationship with student:
Home address: (if different from student address)		
City:		State/Province:
Country:		Postcode:
Home telephone number: (Inc country code)		Mobile telephone number: (Inc country code)
Business telephone number: (Inc country code)		Fax number: (Inc country code)
Email:		

PAYMENT TYPE

Please tick one

- Electronic funds transfer (Australian bank account)
- International money transfer (Overseas bank account)

Electronic funds transfer	
Account Holder's Name:	
Account Number:	BSB (Australia Only)
Bank Name:	
Bank Address:	
International money transfer	
Account Holder's Name:	
Account Number:	SWIFT code:
IBAN (if applicable)	IFSC (if applicable)

Bank Name:	
Bank Address:	
Bank Phone:	

DECLARATION

If the refund method selected is via a third party, I accept that by signing this form I have authorised ASC International to pay my refund payment to the third party account holder as specified on this form.
 I accept that any fees owing to ASC International will be deducted from any refund payable.
 I declare that the information on this form is true and complete and that it is my responsibility to provide all necessary documentation to support my request for refund.
 I hereby acknowledge that this refund application will be processed in accordance with the ASC International’s Refund Policy, which I have read and understood.

Student Name	Signature:
Date: (dd/mm/yyyy)	

If under 18 parent/guardian must sign below

Parent/guardian Name	Signature:
Date: (dd/mm/yyyy)	

Please send your completed form to:
 Admissions Office
 5 Wollaston Road, Mt Claremont WA 6010, AUSTRALIA or
 E: admissions@asc.wa.edu.au

OFFICE USE ONLY	
Approved by Principal:	Name
Sign	Date
Approved by ASC International Director	Name
Sign	Date
FINANCE	
<input type="checkbox"/> Accounts updated Date: Click or tap to enter a date.	
ADMISSIONS	
<input type="checkbox"/> Student record updated In MAZE Date: Click or tap to enter a date.	
COE Variations : <input type="checkbox"/> Language School <input type="checkbox"/> Mainstream	
STUDENT SUPPORT/WELFARE	
SharePoint file moved <input type="checkbox"/>	
Parents / Student / Agent advised of approval / change <input type="checkbox"/> Date: Click or tap to enter a date.	