SKYLINE
INSTITUTE OF TECHNOLOGY

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Fee Refund Form

Relevant Standards	Linked Documents
SRTO 2015: 5.3, 7.3 The National Code 2018: Standard 2, 3	Student Fess Policy Fee Refund Policy and Procedure Student Agreement

Student to complete the following sections:

Note: *Please make sure that you have read and understood all the related policies – in particular the* **Fee Refund Policy** *– before submitting this form*				
Student ID (if Given)				
Student Name				
Enrolled Course(s) (*Please list all the courses you are enrolled in*)	Course Code		Title	
	Course Code		Title	
	Course Code		Title	
Full Address				
	Country		Postcode/ZIP	
Reason(s) for Request for Refund – **Fill in the Details** (*Supporting documents/evidence must be attached. SLIT may not be able to process a refund if satisfactory reasons and supporting documentation is not provided*)	**Medical**			
	Visa Related			
	Transfer			
	Other			
Bank Details for Electronic Refund (As applicable)	**Bank Name**		**Branch Number/BSB**	
	Bank Address		**Account Number**	
	IBAN		**SWIFT Code**	
Student Declaration and Signature	*Declaration: I have fully read and understood SLIT's refund policy and understand that the refund can only be made to myself or a personal authorised by me in writing.*			
			Date	

ADMIN use only
Process Flow: >>Student Admin >>CEO >>Response to the Student

Refund Request	☐ Granted		☐ Declined
If Granted **Note:** Please refer to ***Fee Refund Policy*** for applicable criteria	Eligibility	☐ Full Refund	Amount: A$
		Partial Refund	Amount: A$
	Applicable Criteria		
	Refund by	Date:	
If Declined *Notify Student*	Reason(s) for decision:		
Approved by	Name	Signature	Date: