

Level 8, 310 King Street Melbourne VIC – 3000 RTO: 45989 CRICOS: 04114B Email: <u>info@slit.edu.au</u> Phone: +61 3 9125 1661

Fee Refund Form

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

Student to complete the following sections:

Note: Please make sure the submitting this form	at you have read and	l understood all	the related polici	ies – in parti	cular the Fee Rej	fund Policy – before	
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				
	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		IEC	HIN			
Bank Details for Electronic Refund (As applicable)	Bank Name				anch Imber/BSB		
	Bank Address				count Imber		
	IBAN			sw	/IFT 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.						
				Da	te		



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ADMIN use only

Process Flow: >>Student Admin >>CEO >>Response to the Student

Refund Request	Granted			Declined			
If Granted <u>Note</u> : Please refer to <i>Fee Refund Policy</i> 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:		



KNOWLEDGE IS ENDLESS