

TO BE COMPLETED BY THE STUDENT

Required fields\* must be filled out for a successful submission

Title\*: Mr Miss Ms Mrs

First Name*	Family Name*
Date of Birth*	Student Number*
Email*	Phone Number*
Address*	

Did you apply through an ECA registered agent?\*

YES

NO

If yes, please indicate the agent's company name: \_\_\_\_\_

**Intructions: Please complete sections 1-5.**

Applications are assessed primarily on the independent supporting documentation provided to demonstrate your circumstances. The documentation should be provided either as originals or as certified original copies on official letterhead. Please note that all documentation **must include the appropriate dates** of any relevant events i.e (DIBP Visa Refusal Letter or illnesses). Incomplete applications will be rejected.

**Section 1**



CRICOS CODE 02644C

Brisbane Sydney Melbourne



CRICOS CODE 02997M

CAMPUS: Sydney Melbourne

STUDENT NUMBER: \_\_\_\_\_

CURRENT: Which course would you like to be refunded?

Course name	No of Weeks	Start Date	Fees Paid
FCE	___	___/___/___	___
GE	___	___/___/___	___
IELTS	___	___/___/___	___
EAP	___	___/___/___	___
BE	___	___/___/___	___
Other _____	___	___/___/___	___

STUDENT NUMBER: \_\_\_\_\_

CURRENT: Which course would you like to be refunded?

Course name	Intake Date	Fees Paid
Certificate IV in Accounting	___/___/___	___
Diploma of Accounting	___/___/___	___
Advanced Diploma of Accounting	___/___/___	___
Certificate IV in Business Administration	___/___/___	___
Diploma of Business	___/___/___	___
Advanced Diploma of Business	___/___/___	___



CRICOS CODE 02475D

(Sydney Campus only)



CRICOS CODE 03048D

CAMPUS: Sydney Melbourne

STUDENT NUMBER: \_\_\_\_\_

CURRENT: Which course would you like to be refunded?

Course name	Intake Date	Fees Paid
Bachelor of Business (Accounting)	___/___/___	___
Bachelor of Business (information Systems Management)	___/___/___	___
Bachelor of Business (Marketing)	___/___/___	___
Graduate Diploma in Professional Accounting	___/___/___	___
Master of Business (Accounting)	___/___/___	___
Master of Applied Information Technology	___/___/___	___
Master of Business (Enterprise Resource Planning Systems)	___/___/___	___

STUDENT NUMBER: \_\_\_\_\_

CURRENT: Which course would you like to be refunded?

Course name	Intake Date	Fees Paid
Diploma of Business	___/___/___	___
Diploma of Business Information Systems	___/___/___	___
Bachelor of Business	___/___/___	___
Bachelor of Business Information Systems	___/___/___	___
Graduate Certificate in Business Management	___/___/___	___
Graduate Certificate in Project Management	___/___/___	___
Graduate Diploma in Business Management	___/___/___	___
Graduate Diploma in Project Management	___/___/___	___
Master of Business and Project Management	___/___/___	___
Master of Business Management	___/___/___	___
Master of Business Administration	___/___/___	___



CRICOS CODE 02475D

STUDENT NUMBER: \_\_\_\_\_

CURRENT: Which course would you like to be refunded?

Course name	Intake Date	Fees Paid
Diploma of Information Technology	___/___/___	___

## Section 2: Withdrawal / Refund details

Granted exemption from units of study

Transferring to another Education Institution (attach proof)

Overpaid tuition fees / OSHC

Medical reasons (attach proof)

Withdrawn from units of study

Visa Refusal (Copy of Refusal Letter is required)

Withdrawn from course  
(refer to refund policy in the application)

Other (Please state the reasons in the box below)

**Other**

## Section 3: Refund Details (How did you pay for your tuition fees?)

Bank Cheque

Credit Card\*

TT

Bank deposit

EFTPOS

BPAY

The refunds, if approved, will be paid to the person who/ which originally paid the fees. We cannot transfer funds to any other party. Please note that the beneficiary name can only be the name of the person who/ which paid the original tuition fees.

\*Unless payment was made by Bank Cheque, Bank Deposit, EFTPOS and TT, refunds must be credited back to the same Credit Card account. Please include a copy of your Credit Card statement as evidence of card details and payment. An online transaction history cannot be accepted as a form of verification. For any other payment method, please supply your bank account details.

I certify that the information provided above is true and correct. If I currently have any fines or fees that have not been paid, I agree that my refund will first be used to pay these debts.

## Section 4: Bank & Credit card details

Telegraphic Transfer - Overseas Bank details for Refund (Offshore)		Details for Credit Card Refund	
Bank Name		Credit Card Holder	
Account Name		Credit Card Type	
Account N <sup>o</sup>		Credit Card N <sup>o</sup>	
Branch Name		Expiry date	
BSB		Signature	
Swift Code			

Bank cheque - Onshore			
Beneficiary Name			
Bank Name			
Account Name			
Account N <sup>o</sup>		BSB	
Branch Name		Swift Code	
Amount Required	\$		

## Section 5: Signature and Date

Signature	Date

### Office use only

For all withdrawals (except visa refusals), the appropriate Marketing Manager must interview and advise approval or rejection and sign this section

Manager Decision	Approved	Reject	Date	
Manager Name			Signature	
Details				

Accounts Department			
Accounts Department Processed by		Date Received	
Signature		Date Processed	
Refund Amount	\$	Refunded Amount	\$

Please complete this form and email it to [refunds@eca.edu.au](mailto:refunds@eca.edu.au)