# **REFUND REQUEST FORM**

# **HIGHER EDUCATION COURSES**

Submit your completed form either in person to NIDA Student Services or by email to applications@nida.edu.au

Direct all refund enquiries to application@nida.edu.au

Please note: Refund requests may take up to four weeks to process.

# Section 1 : Personal Details

|  |
| --- |
| **Family Name: Given Names:** |
| **Date of Birth:** \_\_ /\_\_ /\_\_Note: Students under 18 years of age must provide written consent from their parent/guardian approving the refund of payment. If written consent is not provided your refund cannot be processed.  |
| **NIDA Student ID: Telephone:** |
| **Email Address:** |
| **Address:** |
|  |
| **Original Payment Method:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Payment Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Section 2: Declaration/Consent

|  |
| --- |
| I declare that the information declared on this form is complete and correct. I agree to the conditions of this refund and declare that I am the person to whom this refund is to be paid.Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  |
|  |

# Section 3: Refund Payment Option

|  |
| --- |
| **Refunds will be processed in Australian Dollars.** |
| **□ Cheque –** Mailing Address if different from above address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **□ Direct Deposit into Bank Account (Funds Transfer). Please note: Overseas Bank Account Transfer may take up to six weeks.** |
| BSB No: Bank Name: |
| Account No: Branch Address:  |
| Account Name: Swift Code (overseas only): |

………………………………………………………………………………………………………………………………………………………………………

|  |
| --- |
| STUDENT ADMINISTRATION USE ONLY:  |
| Account Balance: Administration Fee: Refund Amount: |
| Prepared By: Authorised By: Processed by and date: |