AUSTRALIAN VIETNAMESE
WOMEN'S ASSOCIATION INC.
HỘI PHỤ NỮ VIỆT ÚC

Refund Application Form

Student Details

Family Name: . . . .

Given Name: . . . .

Date of Birth: . . . .

Tuition Fees Refund Details

Course Name: . . . . Course Code: . . . .

Commence Course: ❑ Yes,   Course Commencement Date: . . . .
                     ❑ No

Please outline the reasons/circumstances for seeking a refund:

. . . .

. . . .

Payment Method   ❑ By cheque
                         ❑ By transfer

Please fill out your bank details for refund:

BSB: . . . . Account Number: . . . .

Account Holder's Name: . . . .

Student Declaration

I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the application.

Student Signature: . . . . Date: . . . .

FOR OFFICE USE (use Refund Calculation Form and to be attached)

Date form received: . . . . Administrator Signature: . . . .

Student / Agent Notified: ❑ Yes   ❑ No   Date: . . . .