



REFUND REQUEST FORM

Details		Refund Type	Tick
BIT Staff Name:		VISA Refusal	
Date:		VISA Renewal Refusal	
Student ID:		VISA Breach of Condition	
Student Name:		Withdrawal	
Course:		Transfer	
Course Intake:		Cancellation	
Section 1			
I request a refund for the following:			
Invoice Number:			
Amount:			
Reason: (Please attach any supporting documentation)			



Section 2

Acknowledgement

I understand that my request for a refund will be processed in accordance with BIT's Refund Policy.

I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.

Name:		Signature:	
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Name and details of bank account for payment of refund

Account name: _____

Bank: _____ BSB Number: _____

Account number: _____

Authorisation

Authorisation for Processing

Action to be taken:	APPROVED	DENIED	ADJUSTED AMOUNT
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Comments:

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Signed:		Position:	
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Authorised by Name:		Date Processed:	
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Amount to be refunded:	
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Admin Use Only				
Refund Register				
Logged in Refund Register:	Yes	No	Date:	
Logged By:			Signature:	
Refund Processed				
Formal Letter Sent:	Yes	No	Date:	
Sent By:			Date:	
Appeal of Decision				
Appeal Lodged:	Yes	No	Date:	
Appeal number:				