

## Refund Request Form

Submit this form at the **ECC Welcome Centre** or email [studentfees@edithcowancollege.edu.au](mailto:studentfees@edithcowancollege.edu.au)

Student ID:		Mobile Phone:	
Family Name:		Other Names:	
Amount to be refunded:	AUD\$		
Reason for Refund Request:			
OSHC Cancellation:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes state the Cancellation Date:		

Please tick the box next to the statement which best applies to you:

<input type="checkbox"/>	I am a supported student whose tuition fees have been paid by my parents/legal guardians.	<i>YOU MUST SIGN THE PERMISSION DECLARATION BELOW</i>
<input type="checkbox"/>	I am an independent (self-supporting) student and have paid my tuition fees from personal funds	<i>YOU DO NOT NEED TO SIGN THE PERMISSION DECLARATION BELOW</i>

**DECLARATION:** I declare that I have obtained permission from my parents/legal guardians to obtain this refund:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Deposit – Bank Details (see note below for payments made by credit card):

Account Name:		BSB:		Account Number/IBAN:	
Bank Name:		Bank Address:			
SWIFT Code/IFSC:		Intermediary Bank Details (If applicable)			

**Please note:** Fees paid by credit card will be refunded to that **credit card only**. Card details:

Credit Card Number:		Card Expiry date:	
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**Student Declaration:**

I confirm that I have read and understood the ECC Refund Policy (<http://www.edithcowancollege.edu.au/policies>) and wish to apply for a refund in the full knowledge that if I do not pay the tuition fees for further enrolments in future study periods by the deadline(s) indicated by the College, then ECC may stop me from enrolling, **OR** I may not be able to enrol in the units of my choice **AND** I may be charged a late enrolment fee **AND** I may not be allowed to enter into a payment agreement.

Students Signature:		Date:	
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ECC OFFICE USE ONLY			
SAS	Received By:		Date: ID Sighted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Finance Department	Received By:		Date: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Agent Name:		Commission Recoup Recoup Schedule updated <input type="checkbox"/> Yes <input type="checkbox"/> No
	Transaction No:		Date Submitted to Group AP: <input type="checkbox"/> Yes <input type="checkbox"/> No
PRISMS Update:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of update:		
Fees Reconciliation and Calculation			
Signed / Authorised	Senior Accountant:		Date: