




INTERNATIONAL STUDENT

> REFUND + WITHDRAWAL FORM

 This icon appears in sections where additional documentation must be attached.

STUDENT DETAILS


Please print your name as it appears in your passport. All fields requiring date/s to be filled in DD/MM/YY format unless specified.

Student number : Title (Mrs, Miss, Ms, Mr etc): Date of birth:

Family name: Given name(s):

WITHDRAWAL COURSE DETAILS

Course you wish to withdraw from: The last date you will attend classes:

 If you are withdrawing due to visa refusal or due to exceptional circumstances please attach evidence to this form.

Please explain the reason you wish to withdraw and/or seek a refund:

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.....
.....

Were you satisfied with the course? Yes No

Did the lecturers demonstrate knowledge and expertise in the subject area? Yes No

Was your course well structured? Yes No

Were the materials and resources provided of a satisfactory standard? Yes No

How would you rate your institution (1 poor, and 5 excellent)? 1 2 3 4 5

Do you feel you received overall value for money for your enrolment? Yes No

Any additional comments you would like to make:

Release

When withdrawing to attend another institution a release is required for all students who have not completed 6 months of their principal course. The principal course is defined as the highest qualification for which you have been issued a Confirmation of Enrolment (CoE).

Are you withdrawing to attend another Institution Yes No

If yes, you must complete a Release Request Form

If your Release is not approved do you still wish to proceed with this withdrawal? Yes No

REFUND DETAILS

Complete this section if a refund is due. For information regarding your eligibility for a refund, please visit [canning college.wa.edu.au/refundpolicy](http://canningcollege.wa.edu.au/refundpolicy)

Please note the following conditions:

- > Fees paid by credit card within the last 12 months will be refunded to the same credit card.
- > All refunds will be paid in Australian dollars (\$AUD), where this is not possible refunds will be paid in United States dollars (\$USD).

Please indicate if this transfer is to you (self) or a Third Party's account.

Self (or if under the age of 18- parent/guardian)

Third Party (employer, parents, sponsor, family member etc.)

If Third Party, please provide:

Family name: Given name(s):

Relationship to you: Email:

Australian Bank Account

Account holder's name:

BSB: Account number:

Bank name:

OR

International Bank Account

Account holder's name:

Account number: SWIFT code:

IBAN (Europe, Mauritius and Pakistan): IFSC (India):

Bank name:

Bank address:

Bank phone:

DECLARATION

I accept that by signing this form I have authorised Canning College to pay my refund payment to the account holder as specified on this form. I accept that any fees owing to Canning College will be deducted from any refund payable.

I declare that the information on this form is true and complete and that it is my responsibility to provide all necessary documentation to support my request for refund. I hereby acknowledge that this refund application will be processed in accordance with the Canning College Refund Policy, which I have read and understood.

Student name: Signature: Date:

If the student is under the age of 18 this declaration must also be signed by a parent/guardian.

Parent / Legal guardian name: Signature: Date:

SUBMIT THIS FORM

Please send your completed form to anningcol.info@education.wa.edu.au and ensure that total email attachments are under 6MB.