

REFUND OF INTERNATIONAL STUDENT FEES

Apply to receive a refund of students fees by completing this form. Processing of this form will take up to **four weeks from the date of lodgement of all completed documentation**. For more information refer to the Victoria University Refund Policy www.vu.edu.au/courses/fees-assistance/refunds/international-refunds

PLEASE PRINT IN BLOCK LETTERS

1. PERSONAL DETAILS

STUDENT ID:

DATE OF BIRTH: / /

FAMILY NAME (AS STATED IN PASSPORT): _____

GIVEN NAME (S): _____

2. COURSE AND INSURANCE FEES TO BE REFUNDED (PLEASE TICK):

BACHELOR, GRADUATE, MASTER OR PHD

CERTIFICATE, DIPLOMA OR ADVANCED DIPLOMA

ELICOS

OVERSEAS HEALTH COVER

NON-AWARD COURSE FEES

OTHER (PLEASE SPECIFY): _____

3. REASON FOR REFUND REQUEST:

Tell us whether you are claiming either of these three options (*please tick*). If so, you'll receive your refund at your Australian mailing address, **remember to update your address on myvuportal.vu.edu.au**

OVERPAYMENT OF FEES (**go to section 5**)

PERMANENT RESIDENCY GRANTED (attach a copy of your passport, visa and a document confirming that your permanent residency has been granted; **go to section 5**)

REDUCTION IN ENROLLED HOURS (attach a copy of the completed Reduced Study or Overload Form, **go to section 5**)

Tell us whether you are claiming one of these three options (*please tick*). If so, Victoria University will either deliver your refund by courier to your permanent home country address or telegraphic transfer the refund to your overseas bank account.

LEAVE OF ABSENCE (attach a completed Application For Intermission Form documentation, **go to section 4 and section 6**)

NO AUSTRALIAN VISA (attach a completed Course Withdrawal Form and eVisa refusal documentation, **go to section 4 and section 6**)

WITHDRAWAL (attach either a completed Course Discontinuation Application Form—higher education or a Course or Unit Withdrawal Application Form—TAFE)

Reason for withdrawal _____ **go to section 4 and section 6**

Tell us whether you are claiming this option (please tick).

TRANSFER TO ANOTHER INSTITUTION (attach a letter of release and new letter of offer or eCoE, **go to section 4 and section 5**)

The refund will be sent to your Australian mailing address. The refund will be payable to you (the student) if you submit the eCoE from the new provider with your refund application. If you submit only an offer letter, or nothing at all, the refund will be payable to the institution.

4. PERMANENT HOME COUNTRY ADDRESS (FOR REFUND DRAFT):

If you are claiming a Leave of Absence, No Australian Visa or a Withdrawal; tell us your permanent home country address to receive the payment (post office box is not accepted).

NUMBER AND STREET: _____

SUBURB OR TOWN: _____

POSTCODE / ZIP CODE: _____

STATE / PROVINCE: _____

COUNTRY: _____

EMAIL: _____

PHONE: _____

5. AUSTRALIAN MAILING ADDRESS:

Tell us your address in Melbourne.

NUMBER AND STREET: _____

SUBURB OR TOWN: _____

POSTCODE / ZIP CODE: _____

STATE / PROVINCE: _____

COUNTRY: _____

EMAIL: _____

PHONE: _____

6. REFUND REMITTANCE FOR OVERSEAS REFUND PAYMENTS – TELEGRAPHIC TRANSFER REFUND PAYMENTS ONLY

If you are claiming a Leave of Absence, No Australian Visa or a Withdrawal; clearly write your overseas banking details. Failure to clearly or correctly display your banking details could delay processing times.

BANK NAME:	BRANCH:
NUMBER AND STREET:	
SUBURB OR TOWN:	POSTCODE / ZIP CODE:
STATE / PROVINCE:	COUNTRY:
STUDENT CONTACT PHONE NUMBER (COMPULSORY):	
ACCOUNT NAME:	ACCOUNT NUMBER:
IBAN (COMPULSORY FOR PAKISTAN PAYMENTS AND IF APPLICABLE):	
IFSC (COMPULSORY FOR INDIA PAYMENTS):	SWIFT CODE:

7. DECLARATION

I, _____, certify that the information provided above is true and correct, and that I have attached all required documentation.

STUDENT SIGNATURE: **X** DATE: / /

SUBMIT THIS FORM IN PERSON TO:	POST THIS FORM TO:	EMAIL THIS FORM TO:	CONTACT VU INTERNATIONAL
City Flinders Campus VUHQ Ground Floor, 300 Flinders Street Melbourne, Australia	Victoria University International City Flinders Campus PO Box 14428 Melbourne Victoria 8001 Australia	vucompliance@vu.edu.au	Phone: +61 3 9919 1164 Fax: +61 3 9919 1466 Web: www.vu.edu.au/international
Footscray Park Campus Building M, Level 1, Room 109 Ballarat Road, Footscray Park			

PRIVACY INFORMATION

Victoria University is committed to the responsible collection and handling of your personal information in accordance with all relevant legislation, including the Information Privacy Act 2000 (Vic) and the Health Records Act 2001 (Vic). The personal information collected on this form will be used for the purposes of assessing and processing your application. Your personal information may be disclosed to Commonwealth and State Agencies such as the Department of Education, Employment and Workplace Relations (DEEWR), the Department of Immigration and Citizenship (DIAC) pursuant to reporting obligations under applicable legislation. Your personal information will also be disclosed to your overseas student health care provider and, if you are under 18 years of age, to the carer appointed for you under the National Code made under the Education Services for Overseas Students Act 2000. Your information will not be disclosed to other third parties without your consent. You have a right to access personal information that Victoria University holds about you. See the University's Privacy Policy for details, which can be accessed at www.vu.edu.au/library/pdf/default/PrivacyPolicy.pdf

OFFICE USE ONLY - PAYMENT DETAILS

Course code:	Amount paid: A\$	Receipt number:
ELICOS course code:	Amount paid: A\$	Receipt number:
OSHC code:	Amount paid: A\$	Receipt number:
Date of payment: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Course start date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Administration amount: A\$	Refund amount: A\$	Requisition/Batch number:
I confirm that the above named student has paid the above fee to the University. I am satisfied that the University will not provide the service covered by such fee. I am satisfied that the fee was not inappropriately charged.		
Approving officer's name:		Processing date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

OFFICE USE ONLY - NOTES