

International Application for Refund



This form is to be used:

- if you wish to withdraw from the course in which you are currently enrolled at Box Hill Institute
- if you wish to withdraw from a course you are scheduled to study in the future
- if you have overpaid your course fees
- if your student visa has been refused by Department of Home Affairs

Student to complete:

Student ID no.																				
Family name																				
Given names																				
Date of birth																				
Address																				
Suburb																				
Country								Postcode												
Telephone	Home									Mobile										
Email																				
Course Name																				

Reason for Refund (Please tick):

- Visa Refusal.
- Withdrawal/Discontinuation of current enrolled course at Box Hill Institute.
- Withdrawal/Discontinuation of future scheduled course at Box Hill Institute.
- Overpayment of course fees.
- Change of Visa status. Copy of passport, marriage certificate and copy of permanent residency visa required.

If withdrawal/discontinuation, please provide a full explanation and attach it to this refund form, including any supporting documents (e.g. medical certificate, boarding pass, Department of Home Affairs - visa rejection etc).

REFUND OF THE OVERSEAS STUDENT HEALTH COVER (OSHC)

Where a student has not arrived and has never resided in Australia, Box Hill Institute will claim the Overseas Student Health Cover (OSHC) refund from the health insurer on behalf of the student. Box Hill Institute will forward the OSHC refund to the student upon receiving the refund from the health insurer.

Where the student has arrived or resided in Australia, it will be the responsibility of the student to claim the OSHC from the health insurer.

REQUESTS FOR REFUNDS WILL BE ASSESSED IN ACCORDANCE WITH BOX HILL INSTITUTE'S REFUND POLICY FOR INTERNATIONAL STUDENTS. PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE ATTACHED BOX HILL INSTITUTE'S REFUND POLICY FOR INTERNATIONAL STUDENTS BEFORE SIGNING

I declare that the information provided by me is true and complete and that it is my responsibility to provide all necessary documentation to support my request for refund. I agree and have read and understood Box Hill Institute's Refund Policy for International Students.

Signature		Date	/ /
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PAYMENT DETAILS FOR AN OVERSEAS BANK ACCOUNT

Name of Bank: _____

Bank Address: _____

– No; Street & City _____

Country: _____ Postcode: _____

Beneficiary's Name: _____

Address of Beneficiary if not the student: _____

IBAN/IFSC/SWIFT Code: _____ Account Number: _____

PAYMENT DETAILS FOR A LOCAL BANK ACCOUNT

Name of Bank: _____

Account Number: _____ BSB Number: _____

Beneficiary's Name: _____

NOTE:

If the refund is to be paid to another person account apart from the student, the Institute requires a letter with student's signature to authorize the Institute to have the refund paid to another person's account.

Please return this form with supporting documents to: international@boxhill.edu.au

Internal Use Only.

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> No release letter required	
Outcome	
Reason/s not approved (if applicable)	Refund Policy Category
International Officer Signature	Date