



Refund Request Form

Note: Please make sure that you have read and understood all the related policies – in particular, the Fees & Refunds Policy – before submitting this form				
Student ID:				
Student Name:				
Enrolled Course(s) (Please list all the courses you are enrolled in)	Course Code:		Title:	
	Course Code:		Title:	
	Course Code:		Title:	
Full Address:				
	AUS		Postcode:	
Reason(s) for Request for Refund – Fill in the Details. (Supporting documents/evidence must be attached. SATHE may not be able to process a refund if satisfactory reasons and supporting documentation is not provided)	Medical			
	Transfer			
	Other			
Bank Details for Electronic Refund (as applicable)	Bank Name:		Branch Number/BSB:	
	Bank Address:		Account Number:	



Student Declaration:	Declaration: I have fully read and understood refund policy and understand that the refund can only be made to myself, or a person authorised by me in writing.			
Sign:			Date:	

ADMIN use only:

Refund Request	Granted		Declined
If granted	Eligibility	Full refund	Amount: A\$
		Partial refund	Amount: A\$
Note: Please refer to Fees & Refunds Policy for applicable criteria	Applicable Criteria		
	Refund by	Date:	
If Declined Notify student	Reason(s) for Decision:		
Approved by	Name:	Signature:	Date:

Please take this form to the reception desk of Study of Australian Technologies and Healthcare Education or email to admin@satheducation.com.au