



Application for Fee Refund Form

Purpose of the form:

This form should be completed and submitted by students who are applying for a refund of the fee amount that has already been paid to the Victorian School of Commerce (VSC).

Instructions to complete and submit the form:

1. Before completing this form, please carefully read and understand the VSC's [Student Fee and Refund Policy](#) and [Student Fee and Refund Procedure](#).
2. Please carefully read and address the sections of this form that are applicable to your fee refund application. If you need assistance to understand this form, please contact VSC's reception or Student Support Services via call on 1800 343 880 or email at admin@vsc.vic.edu.au or visit them in person.
3. It is strongly suggested that you complete this form by typed response, for us to properly read and understand your fee refund application.
4. Please e-mail the completed form along with any supporting documents to admin@vsc.vic.edu.au or submit the completed form along with any supporting documents' in person to the Student Support Services.

Section A: Student Personal Details

Title:

Student ID:

Family Name:

Given Name (s):

Date of Birth:

E-mail:

Mobile Number:

Address:

Section B: Fee Refund Details *(Only be completed by domestic students)*

Enrolled Course Name:

Census Date:

Amount of Fee Refund sought:

(AUD)



List of units for which you are seeking Fee Refund:

Reasons for Fee Refund *(please also provide any relevant documents to support your reasons):*

Account Details *(please provide details of the account to which you would like fee refund to be paid)*

Bank Name:

Account Name:

BSB:

Account Number:

Section C: Fee Refund Details *(Only be completed by international students)*

Enrolled Course Name:

Course Start Date:

Amount of Fee Refund sought:

(AUD)

Reasons for Fee Refund *(please also provide any relevant documents to support your reasons):*



Account Details (please provide details of the account to which you would like fee refund to be paid, if you would like to nominate another person to receive the fee refund on your behalf, please complete Section D)

Bank Name:

Bank Address:

Country:

Account Name:

Account Number:

SWIFT Code:

Section D: Nominated Account Details (must only be completed by an international student, who would like their fee refund to be paid by VSC in another person's bank account)

Nominated person's full name

E-mail

Mobile Number:

Your relationship to the nominated person:

Bank Account Details:

Bank Name:

Bank Address:

Country:

Account Name:

Account Number:

SWIFT Code:

Student Authorisation:

- I, _____ (full name) authorise the Victorian School of Commerce to
- ☐ pay the full amount of any approved fee refund to the nominated person's bank account details as provided in the above Section D of this form.

Section E: Declaration

- ☐ I have carefully read and understood the Victorian School of Commerce's [Student Fee and Refund Policy](#) and [Student Fee and Refund Procedure](#).
- ☐ I understand that my fee refund application will be assessed against the Victorian School of Commerce's [Student Fee and Refund Policy](#) and [Student Fee and Refund Procedure](#).
- ☐ I understand that the outcome of my fee refund application will be provided to me in writing within 20 business days.



- ☐ I declare that all the details provided by me in this form and all the supporting documents provided along with this form are true, correct and authentic.

Student Signature:

Date:

Office use only:

Application received on: ____/____/____

Application received by:

Is the form complete and the applicable supporting documents are attached?

- ☐ Yes ☐ No (student has been contacted to submit any documents available to them to support their application)

Application Outcome:

- ☐ Rejected, student informed in writing of the application outcome and of their appeal rights

Reasons for rejection:

- ☐ Approved, student informed in writing of the application outcome and the below details.

Approved fee refund amount (AUD):

Authorised by:

Date Paid:

Payment Method:

Receipt Number:

Date of notification sent to student:

Authorised Staff Signature:

Date: