

Refund Request Form

Note: Please make sure that you ha	ve read and	unaerstoo	a all the related p	olicies – in particular, the		
Fee Refund Policy – before submitting this form						
Student ID:						
Student Name:						
Enrolled Course(s) (Please list all	Course		Title:			
the courses you are enrolled in)	Code:					
	Course		Title:			
	Code:					
	Course		Title:			
	Code:					
Full Address:						
	Country:		Postcode/ZIP:			
Reason(s) for Request for	Medical					
Refund – Fill in the Details	Visa					
(Composition and composite /or ild and comp						
(Supporting documents/evidences	related					
must be attached. Melbourne	Transfer					
Institute of Business and						
Commerce may not be able to	Other					
process a refund if satisfactory						
reasons and supporting						
documentation is not provided)						
Bank Details for Electronic	Bank		Branch			
Refund (As applicable)	Name:		Number/BSB:			

	Bank		Account	
	Address:		Number:	
	IBAN:		Swift Code:	
Student Declaration:	Declaration: I have fully read and understood refund policy and understand that the refund can only be made to myself or a personal authorised by me in writing.			
Sign:			Date:	
ADMIN use only:				

ADMIN use only:

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

Please handover this form at reception desk of Melbourne Institute of Business and Commerce at info@mibc.vic.edu.au