## Refund Request Form



This form is to be completed by the student when they are applying for a refund of tuition fees paid to I.G Institute. The student is to access I.G Institute Fees and Refunds Policy on our website <a href="www.igi.nsw.edu.au">www.igi.nsw.edu.au</a> prior to submitting this form to see if you meet the criteria set.

Personal Deta	ils						
Title:	□Mr	☐ Mrs	☐ Ms	☐ Miss	☐ Other:		
Given Name:					Preferred Name:		
Surname:					Date of Birth:		
Email:					Contact Number		
Address:							
Course Detail	S						
Course Code:		Cou	ırse Name:				
Start Date of C	ourse:			Date of	last class		
				attende			
Tuition Fee Pai				Last dat	e paid fees		
Reason for Re	quest						
You are require	ed by ticking	one of the	boxes below	v to indicate	as to WHY you are requesting and submitting an		
application for							
	•		regarding to	you refund	request please email our staff on		
admin@intaus							
	My enrolment has been cancelled by I.G Institute due to a breach of the Student Code of conduct						
_	:her						
Please provide	further deta	ils below o	f the reason	you wish to	claim a refund:		
Student Bank	Details:						
Bank Name:				Account Na	me:		
BSB Number:			Ac	count Numb	er:		
Bank Address:							

I.G Institute\_Refund Request Form. RTO No.: 45294

V1.0 Date: June/ 2020

Student Dec								
You are required to submit verifiable evidence documentation to support your Refund Request								
application with I.G Institute. The completed Refund Request Form and your supporting documents are								
to be submi	tted int	to I.G Institute Student Services and/ or by emailing <a href="mailto:admin@ttcollege.com.au">admin@ttcollege.com.au</a>						
I acknowled	ge that							
		all the information provided within this "Refund Request Form" is correct and that I have read and						
	_	understand and agree to be bound by the I.G Institute Refund Policy.						
		all the evidence provided to support my application is ethical						
	Ш	A stator declaration is attached for the above provided evidence						
		the provision of incorrect information or the withholding of relevant information relating to my Refund Request may result in a delay in the process of my outcome.						
		Refund Request will be processed within 2 weeks (10 working days) only after I have supplied all relevant documentation.						
		this Refund Request will be assessed in accordance with the Refund Policy provided at enrolment within the written agreement, which I have read, agreed and signed at the time of my enrolment.						
<b>6</b> 1 .								
Signature		Date						
		OFFICE USE ONLY						
Refund Request Decision Record - TTC Management to complete								
☐ Approved full refund – 100% of Tuition Fees and other Student Fees except the Enrolment Fee								
Approved partial refund - % of Tuition Fee and other Student Fees except the Enrolment Fee.								
☐ Declined – No refund - reason:								
Principal Signa		Date:						
Refund Calculation Table								
		Finance officer to complete						
Tui	tion Fee							
Mat	terial Fee	e e						
C	Others							
Less Ba	ank Char	rges						
Total Ar	mount R	eceived Total Refund Amount Payable						
Prepared b	y:	☐ Recorded on Student Management System						
TTC Staf	f signa	ture: Date:						
Refund Pay	ment l	Record						
Paid Amount	::	Reference: Date of Payment:						
Payment Pre								

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 $\hfill\square$  Funds transferred receipt and a copy of this from sent to student