

Refund Request Form

before submitting this form	and underst	ood all the rela	ated policies – in part	icular, the Fee Refund Policy –
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:				
	Country:		Postcode/ZIP:	
(Supporting documents/evidence must be	Medical			
	Transfer			
attached. Project Controls Institute may not be able to process a refund if satisfactory reasons and supporting documentation are not provided)	Other			
Bank Details for Electronic Refund (As applicable)	Bank Name:		Branch Number/BSB:	
	Bank Address:		Account Number:	
	IBAN:		Swift Code:	
Student Declaration:	Declaration: I have fully read and understood the 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 Note: Please refer to Fees & Refund Policy for applicable criteria	Eligibility	Full refund	Amount: A\$
		Partial refund	Amount: A\$
	Applicable Criteria		
	Refund by	Date:	
If Declined	Reason(s) for Decision:		
Notify student			
Approved by	Name:	Signature:	Date:

Please handover this Form at the Reception Desk of Project Controls Institute, Australia or on aus@projectcontrolsinstitute.com