



REFUND REQUEST FORM

Please read these instructions carefully before completing the form. This form must be submitted if you are seeking a refund of any fees paid to Iona Columba College.

1. **Complete all required personal and enrolment details:**

- ☐ Your full name and student ID
- ☐ The full name of your course
- ☐ The total amount of fees you have paid to date

2. **Explain the reason for your refund request:**

- ☐ Provide a brief explanation of why you are requesting a refund (e.g. course cancellation, withdrawal before start date, extenuating circumstances)
- ☐ If applicable, attach supporting documentation (e.g. withdrawal form, medical certificate, employer letter)

3. **Enter your bank account details** for electronic refund payment:

- ☐ Ensure that the account details are correct and belong to the person who entered into the enrolment agreement
- ☐ Refunds will not be issued in cash or to a third party

4. **Read and sign the declaration** confirming that:

- ☐ The information you have provided is accurate
- ☐ You understand the refund will be processed in accordance with Iona Columba College's Refund Policy

5. **Submit your completed form** by:

- ☐ Email to the Administration Team, or
- ☐ In person at the College office reception

6. Your request will be acknowledged within 3 business days, and if approved, your refund will be paid within 14 calendar days via electronic funds transfer.

If you have any questions about your eligibility or how to complete this form, please contact Administration before submission.

Student Name:	
Student ID:	
Course Name:	



Amount Paid (AUD):	
Reason for Refund Request:	
Bank Account Name:	
BSB and Account Number:	

Declaration:

I declare that the information provided is true and correct. I understand that refunds are subject to the terms of the Refund Policy.

Student Signature: _____ Date: _____

Office Use Only

Date Received:	
Reviewed By:	
Approved By (CEO):	
Refund Processed Date:	