



STUDENT REFUND REQUEST FORM

Your refund request will be assessed in accordance with National Institute of Technology Refund Policy available on www.niet.edu.au. Lodging a refund request does not automatically imply that a refund will be granted. Each refund request will be individually assessed for eligibility.

Section A: Student Details

Student Number:	Student <input type="checkbox"/> Domestic <input type="checkbox"/> International
First Name	Family Name
Contact Number	Contact Email
Address	
State/Country	Postcode <i>(International student)</i>

Section B: Reason for Refund Request – **Documentation Required

<input type="checkbox"/> Family/Personal/Financial Reasons	<input type="checkbox"/> Refused student visa**
<input type="checkbox"/> Failure to meet English Requirement**	<input type="checkbox"/> Domestic Student Withdrawal
<input type="checkbox"/> Medical Reasons**	<input type="checkbox"/> Study at another registered provider**
<input type="checkbox"/> Other compassionate and compelling circumstances (Please specify): **	

Section C: Nominated Account for Fee Refund

Bank Name	BSB Number
Bank Address <i>(For international bank accounts)</i>	Swift Code <i>(For international bank accounts)</i>
Account Number	
Account Name	

NB: International refunds attract transfer charges, which will be deducted from your refund.

Section D: INTERMEDIARY BANK (For International Student Only)

Intermediary Bank Name:	Country
Intermediary Account Number	Intermediary Bank SWIFT Code

Section E : Student Declaration

I acknowledge that I may not be eligible for any fee refund if I have not met the terms of conditions stated in NIET refund policy. I gave permission for NIET to refund to the nominated account stated above the calculated fee refund I am eligible for. By signing this agreement, I acknowledge that I have read, understand and compiled with NIET's refund policy in this entirely, the NIET terms and conditions of refund, and NIET's course cancellation policies.

Student Signature _____ **Date** _____

Student who is younger than 18 years of age

Parent/Guardian Name and Signature for student who is under eighteen years of age and is in the care of and control of a parent or guardian

Name (Please print): _____ **Contact phone no:** _____
Signature _____ **Date** _____

Authorization of payment to a third party

Complete this section if the fund is to be paid to someone other than you or into a joint account.

I, _____ authorize NIET to pay this refund to the person specified in section C. I agree with the conditions of the refund and I understand this refund will not paid directly to me.

Student Signature _____ **Date** _____