

REFUND CALCULATION FORM

This form is to be attached with any application for refund for all Student Visa Holders

Student Name:	Date:	/ /
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Student ID:	Course code and name:
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Refund Reason
<input type="checkbox"/> VR - Visa Refused (<i>Full Refund</i>) <input type="checkbox"/> W10 - Withdrawal 10 weeks prior to course or semester commencement (<i>Full Refund</i>) <input type="checkbox"/> W4 - Withdrawal 4 to 9 weeks prior to course or semester commencement (<i>70% Refund</i>) <input type="checkbox"/> W0 - Withdrawal less than 4 weeks prior to course or semester commencement (<i>50% Refund</i>) <input type="checkbox"/> WA - Withdrawals after the course or semester commences (<i>No Refund on Current Semester Fee</i>) <input type="checkbox"/> CAN - Course cancelled or rescheduled by Australasian Lawrence Aged Care College (<i>Full Refund</i>)
<p>Please note that in the event that you withdraw from the course after your course or semester commences, or your enrolment is terminated for failure to comply with College policy, bad behaviour, unsatisfactory progress, failure of examinations, or unsatisfactory attendance, all fees for the current semester are payable and non-refundable. The course fees for the next semester may also apply. For the refund of Overseas Student Health Cover - Refer to OSHC provider www.ahm.org.au. This Refund Policy applies equally to all students including students who have Permanent Residency or Australian Citizenship.</p>

REFUND CALCULATION		
Tuition Fee paid for current semester	\$	Label A
Tuition Fee paid for next semester	\$	Label B

REASON CODE "VR" - Is their evidence that the Student Visa was refused?	
<input type="checkbox"/> YES – Full Refund to be made for Label A & Label B	Refund Remitted \$ _____
<input type="checkbox"/> NO – No Refund to be made under this Reason Code – Please choose another Reason Code	

REASON CODE "CAN" - Is their evidence that the course was rescheduled by the Provider?	
<input type="checkbox"/> YES – Full Refund to be made for Label A & Label B	Refund Remitted \$ _____
<input type="checkbox"/> NO – No Refund to be made under this Reason Code – Please choose another Reason Code	

ALL OTHER REASON CODES	
Semester Commencement Date	
Withdrawal Notification Date (Written)	
Weeks Notification Provided in Writing	



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<input type="checkbox"/> REASON CODE "W10"	
Full Refund to be made for Label A & Label B	Refund Remitted \$ _____

<input type="checkbox"/> REASON CODE "W4"	
70% Refund to be made for Label A Full Refund for Label B	Refund Remitted \$ _____

<input type="checkbox"/> REASON CODE "W0"	
50% Refund to be made for Label A Full Refund for Label B	Refund Remitted \$ _____

<input type="checkbox"/> REASON CODE "WA"	
NO Refund to be made for Label A Full Refund for Label B	Refund Remitted \$ _____

AUTHORISATION		
Refund Request Received by: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> In person <input type="checkbox"/> In person		
Refund Request Attached <input type="checkbox"/> Yes <input type="checkbox"/> No Refund to be made unless refund request attached		
Authorised by		
Name:	Signature:	Date:

ACCOUNTS SECTION		
Refund Method: _____	Date: _____	Rcpt No: _____
Name:	Signature:	Date: