

Cancellation / Refund Application Form

BEFORE you complete this form, please read a) the Defer, Suspension, Cancellation Policy b) Fees, Charges and Refund Policy and Procedure.

MUST be completed by Student and email to studentsupport@evolution.edu.au & accounts@evolution.edu.au.

Application:	<input type="checkbox"/> Refund	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Both
First Name:		Last Name:	
Phone:		Email:	
Date of Birth:		Student ID:	
Course Name:		Course Code:	
Amount Paid to Evolution	\$_____ (tuition fee + material fee if applicable)		
Current Address (in Australia or overseas):			
Wish to apply for cancellation from the course / refund because of (Please tick one)			
<input type="checkbox"/> 1. going back home			
<input type="checkbox"/> 2. going to another registered provider (not yet completed 6 months of my principal course).			
<input type="checkbox"/> 3. going to another registered provider (completed 6 months of my principal course)			
<input type="checkbox"/> 4. I have a NEW type of visa subclass. Please see attached.			
<input type="checkbox"/> 5. Others. Please specify _____			
Note: Where a student requires a release, the student must complete a Release Request Form			
List supporting documents attached:			
1		2	
3		4	

Bank Details

According to Fees, Charges and Refund Policy and Procedure, the refund will be transferred in AUD currency only. It is your responsibility to ensure your bank is accepting AUD.

Bank Name:			
Bank Address:			
Account Name:			
BSB Number or Swift Code:		Account Number:	
<i>Refer to Australia Anti-Money Laundering and Counter-Terrorism Financing Act 2006, funds will be transferred to your account only.</i>			

Signature of Applicant		Date:
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OFFICE USE ONLY

Student Support Team		
<input type="checkbox"/> Cancellation Only	<input type="checkbox"/> Cancellation & Release	<input type="checkbox"/> Declined
Officer Name: _____	Supervisor Name: _____	
Signature: _____ Date: _____	Signature: _____ Date: _____	
Accounts Team		
Refund	<input type="checkbox"/> Yes. Amount: _____	<input type="checkbox"/> No
Officer Name: _____	Supervisor Name: _____	
Signature: _____ Date: _____	Signature: _____ Date: _____	