

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

Please provide details of your bank account in the space provided below. Funds will be transferred in equivalent to AUD. Bank fees will be deducted from the refund amount.

Bank Name:		Account Name:	
Account Number:		Currency	<input type="checkbox"/> AUD <input type="checkbox"/> Others. Please specify _____
Bank Address:		BSB Number or Swift Code:	
If the above details are not your bank details, please state the relationship and reason:			

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: _____	