



Application for Refund

This form is to be used by overseas students ('students') enrolled at OCT to request a refund in accordance with their Written Agreement. For further information about refunds, please refer to the Fees and Refunds policies and procedures which can be found in your Written Agreement and International Student Handbook.

OCT is collecting personal information requested on this form, including names and contact details and information for the purpose of assessing your request for a refund. Financial information is collected to allow OCT to pay a refund, if your application is approved. The information on this form will be made available to employees of OCT involved in processing your refund, if your request is approved. The information will not be used or disclosed for any other purpose without your consent unless the use or disclosure is required or authorised by law.

Completing and submitting this form

1. Please read the fees and refund policy in your Written Agreement and International Student Handbook before completing this form.
2. Complete all sections of this form in full.
3. This form along with any appropriate evidence such as medical certificate, or visa refusal letter etc. can be delivered in person to student administration, sent to OCT via email listed below or alternatively, returned by post to:

Student Administration – admin@oct.edu.au

Oceania College of Technology

110 Beatty Road, Archerfield QLD 4108 or PO Box 245 Mansfield QLD 4122

4. Where compassionate or compelling circumstances exist, appropriate evidence must be provided at the time the refund request is made, in order for OCT to consider the position when making an assessment. The CEO will assess compassionate or compelling circumstances at their discretion and on case-by-case basis where the provisions of the fees and refunds policy do not apply.
5. Failure to provide appropriate and correct details or required evidence with this request, may result in the refund being delayed and additional charges may be incurred.



Personal details

1. Enter your full name *

Single name only ☐ (Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section').

Family name (surname)	
First given name	
Second given name (middle)	

* Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names.

2. Enter your birth date

Day/month/year			
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3. Enter your contact details

Home phone		Work phone	
Mobile		Email Address	
Alternative email address (optional)			

4. Other details

Student ID/USI	
Please state below the relevant course or courses you are enrolled in that relate to this refund application:	



Enrolment Status Details

Current Enrolment Status	Please check box
I have commenced my course	☐
I have not commenced my course	☐
I currently owe fees and want them reconsidered	☐

Reason for Refund Request

Reason	Please tick the applicable box/s
Visa refusal prior to commencement of the course (copy of the Visa Refusal letter is required)	☐
Withdrawal from the course due to visa refusal after commencement of the course (copy of the Visa Refusal letter is required)	☐
I currently owe fees and want them reconsidered	☐
Overpaid tuition fees	☐
Withdraw from units or course of enrolment	☐
Your Confirmation of Enrolment is cancelled because we have reported you for breach of your visa conditions, non-satisfactory course progress, non-payment of fees or breach of student code of conduct.	☐
Transferring to another provider (attach evidence such as COE)	☐
Medical reasons (attach suitable evidence such as Medical Certificate)	☐
Credit Transfers were approved	☐
Other (including compelling and compassionate circumstances, please state the reasons in the space provided below:	☐

Please confirm the amount you have paid and the date/s of payment.



Refund Method

The refunds, if approved, will be paid to the person who/ which originally paid the fees. We cannot transfer funds to any other party. Please note that the beneficiary name can only be the name of the person who/ which paid the original tuition fees.

**Unless payment was made by Bank Deposit, EFTPOS and Bank Cheque, refunds must be credited back to the same Credit Card account. Please include a copy of your Credit Card statement as evidence of card details and payment. An online transaction history cannot be accepted as a form of verification. For any other payment method, please supply your bank account details below.*

Payment method (select one option and complete the relevant fields that apply)				Please tick one
Bank Transfer (Australia): I request the monies are transferred by EFT into an Australian bank account, the details of which are provided below.				☐
Account Name:		Bank Name:		
BSB Number:		Account Number:		
Bank Transfer (Overseas): I request the monies are transferred by EFT into an Overseas bank account, the details of which are provided below.				
Account Name:		Bank Name:		☐
BSB Number:		Account Number:		
IBAN Number:		SWIFT Code:		
Student Home Address:				
Bank Branch and Address:				
Credit Card: I request the monies be paid to the following credit card.				
Card holder Name:		Credit Card Type:		☐
Credit Card Number:				
Expiry Date:		Signature:		



Conditions for Refund

1. Approval of any refund application will be made in accordance with OCT's Fees and Refunds policy and procedures.
2. Any outstanding amounts due to OCT and any applicable costs or charges that may be levied by OCT or the student's bank for receipt of monies refunded, will be deducted from the refund.
3. The student agrees to repay OCT (on demand) any payments credited to the student in error. OCT reserves the right to offset the amount of any over-payment made in error against any liability (including any future debt) owing to OCT by the student.

Declarations

1. I request a refund of fees paid if eligible and in accordance with OCT's Fees and Refunds Policy and Procedures.
2. I understand my rights to appeal against the outcome of this application in accordance with OCT's complaints and appeals policy and procedures.
3. I authorise the payment to be made to the person identified in and using the details provided in the refund method section of this form.
4. I declare that all information provided in this form is true and correct and that I will notify OCT of any change(s) to the information provided as soon as possible.
5. I agree to cover any additional costs incurred as a result of incomplete and/or incorrect information being provided.
6. I agree that if I currently have any debts owed to OCT that have not been paid and if the refund is approved, the monies will be first used to settle the debt and remaining balance paid to me.

Student Signature	
Student Name	Date

Office Use Only

Assessed by:	Position:
Date received:	Date processed:
Decision: ☐ Approved ☐ Rejected	Refund Amount: AUD\$
Details of the refund: <i>Reasons for approval or rejection, basis for calculation etc.</i>	