Student Account Refund Request Form | 2020

Refund Checklist:
- ☐ Completed Refund Form
- ☐ Refund Request letter from Sponsor
- ☐ Original Customer Receipt/s from Bank
- ☐ Original Student Receipt/s from School
- ☐ Other/s: _____

Complete this Student Account Refund Request form ACCURATELY if you have a credit balance on your account. Submit the form and required documents to the School Administration Office. Our Administration team will review your account for availability of refund. Upon review and approval the School's Accounts Office will complete and Electronic transfer to the student named below. Once that is complete the School Administration Office will notify you via your preferred contact details provided below.

Kindly note: You may not be eligible for the full amount of the credit. Processing duration can be up to 20 working days.

1. STUDENT DETAILS:

Student Name: _____

Student ID: _____

Program/Course: _____ Study Location: _____

Telephone: _____ Personal Email: _____

2. PAYMENT DETAILS: (Please tick one)

☐ <u>Self-Sponsor</u>
Mode of Payment: _____
Paid in by: _____

Amount: _____

☐ <u>Sponsor</u>
Sponsor Name: _____
Organization: _____
Phone / Mobile: _____

Receipt No.: _____
Date: _____

Refund Eligibility:

Session Start Date:	Refund Request Date:

- ➤ 1 – 3 Weeks   50% Eligibility
- ➤ 4 – 7 Weeks   25% Eligibility
- ➤ After 7 weeks   No Refund

3. REASON FOR REFUND (Please Tick One)

☐ Excess Fee Paid

☐ Withdrawal

☐ Not Registered

☐ Other; _____

4. STUDENT/SPONSOR ACCOUNT DETAILS

Refund to *(Account Name)*: _____

Bank: *(tick one only)*   Account Number: _____

☐ Bank of South Pacific   Branch: _____

☐ Westpac Bank   BSB No.: _____

☐ ANZ Bank

☐ Kina Bank

☐ Other *(Specify)* _____

5. DECLARATION: You must select only ONE option from section below

Option 1: STUDENT DECLARATION

I, _____ certify that the information given in the Student Refund Request form is truthful, accurate and complete. I understand that this Student Refund request may be refused if information is untrue, inaccurate or concealed.

I have read and agree to the Student Refund Policy and Procedures and the above conditions of refund and declare that I am the person to whom this refund is to be paid

Student Signature: _____   Date: _____

Option 2: Authorization to pay refund to a third party (Refund to be paid to someone other than the student)

I _____ authorize the Datec Learning Centers to pay this refund to the person whose account details are listed in *Section 4*. I have read and agree to the Student Refund Policy and Procedures and the above conditions of refund and I understand this refund will not be paid directly to me.

Student Signature: _____   Date: _____

Datec Learning Centers Administration (*OFFICE USE ONLY*)**:**

Received and Checked by: _____ Sign: _____ Date: _____

REFUND CALCULATION

Amount Paid:	
(less) Deductions:	
Administration Fee	
Other Deductions	
Refund Due to Student:	

Approved By: _____ Sign: _____ Date: _____

Datec Learning Centers Accounts *(OFFICE USE ONLY)***:**

Student Pronto Account:

☐ Credit Balance/SOA Attached as available

Processed by: _____ Sign: _____ Date: _____

GL Account Code: [_____]

Student Supplier Account No.: [_____]

Approved by: _____ Sign: _____ Date: _____

Refunded On: _____

Transaction Ref: _____

Refunded Amount: _____

Signed: _____

Remarks: _____

_____

_____