

FEE REFUND APPLICATION FORM

Student Name:	Mobile	Mobile/ Home Phone:									
Student ID:	Email	Email:									
Address:	·										
Course Name											
Course Start Date											
Last date attending class											
	Reason for refund		Please tick relevant box								
Student was refused an Australian Student Visa due to a fraud reason											
Student was refused an Australian Steletter required)	udent Visa due to a nonfrau	d reason and has not started thecourse (refusal									
Student was refused an Australian State required to determine default of		d reason and has started thecourse (refusal									
GBCA fails to start course or the cou		ter it starts (provider default)	1								
Withdrawal notified in writing and r (student default)	eceived by GBCA 28 calend	dar days or more prior to coursecommencement									
Withdrawals notified in writing and date or student did not commence str		8 days, on or after the course commencement iffied (studentdefault)									
Student visa cancelled due to actions	of student		1								
Other circumstances including but n	ot limited to:										
Changes occur in student w	ork hours, student changes/l	eaves work									
• It becomes inconvenient for											
 A student moves to a different 											
 A student enrolment is canobehavior. 	elled for misbehavior / brea	ch of the GBCA's Student Code of									
		the student being in breach of thestudent									
acceptance agreement (student defau	lt)										
Others:											

Please ensure that you attach relevant documents such as visa refusal letter...



I would like to be refunded to:	My account A third party account

E Davis Assessed D	-1-1																									
5. Bank Account D																										
IMPORTANT: TO BE COLLETTERS & NUMBERS BE TAKEN ON THIS AP	IN AI PLIC	LL I ATI	FIEL ION	DS. I UNT	HA: IL .	NDV ALL	WRI BA	TI N	NG I K DI	S NO	OT . LS	ACC ARE	EPT EAC	ED (exc	cept y	your	sign	atı	ıre)). N				N	
*Bank Account Details for	trans	sfers	WI	ΓHIN	Αι	ıstra	lia(A	Au	strali	an ba	ınk	acco	unt)													
Name of Account Holder:	T																									
Account Name:																										
Australian Bank Name:	+																									
BSB Number:																										
Account Number:																										
*Bank Account Details for	OVE	ERS	EA t	ransf	ers	(Ple	ase	eeı	nter	AUI) c	orre	spon	den	t b	ank)									
Name of Account						(Por													
Holder:																										
Address Detail of																										
Account Holder:																										
Street number, street name, area																										
(35 characters only,																										
including the word																										
Spacing)																										
City & pin code																										
Country																										
Bank Name:	-																									
Branch Name:																										
SWIFT Code	+	<u> </u>	1				1			1			1													
(Eight or Eleven digits)																										
·Important information for SWIFT/routing code is req be obtained from your loca	ueste	d. S																					ı ca	n		
Account Number:	T										Ī												Τ	\Box		$\overline{}$



I have read and understood the refund policy (available electronically at www.gbca.edu.au) and the studentacceptance agreement.

Signature Date

Office use only: Outline action taken and outcome

Refund calculation

Amount received by GBCA	
Less non-deductable application fees (if applicable):	
Less materials fee (if applicable):	
Less refund processing fee:	
Less deductions:	
Refund amount:	
Comments:	
Finance manager signature: Date:	



Version Date: 01/02/2024