

Refund Request Form

Part A: Personal Details			
Given Name:			
Family Name:			
Student ID:			
Date of Birth:			
Contact Number:			
Email Address:			
Efficil Address.			
Part B: Refund Reason		Supporting Documentation	
Visa refusal Withdrawal	Overpayment	Letter from the immigi	ration informing of visa refusal
Transfer fund to La Trobe University		Proof of payment	
(Only available if original payment was made by bank transfer)		Reasons in writing	
Student ID:		Confirmed flight ticket to go home	
Amount:		Relevant documentation depends on reasons	
Other: please specify		(eg. Death certificate, medical certificate)	
Part C: Original payment me	ethod (Please choose ONE of the fo	llowing that corresponds	to your most recent payment)
Flywire (If payment was made via Flywire). Please select refund method option 1			
Australian Bank Account (If payment was made by an Australian bank account). Please select refund method option 2			
International Bank Account	t (If payment was made by an Internation	ial bank account). Please selec	ct refund method option 3
Flywire and an Australian or International Bank Account (If payment was made by both Flywire and an Australian or International bank account). Please select and populate the appropriate refund methods below if you made a part payment accross multiple payment types			
Please select and populate	the appropriate returns methods below if	you made a part payment acc	поът пипиріе раутнеті турез
Option 1: Refund by Flywire	(Flywire may contact you directly t	to verify your banking info	rmation)
Credit card or Online payment including BPAY and e-wallet. The refund will be processed via Flywire to your original payment card.			
Bank transfer			
The refund will be processe	d via Flywire to your original payer's bank	k account.	
Option 2 – Refund to an Aus	tralian bank account		
BSB:		Account number:	
Account Name:		Bank Name:	
Option 3 – Refund to an inte			
Name of Bank:	IBAN (if applicable):	Swift Code:	Account number:
Account held in Name of:	Relationship of bank account holde		India bank only - IFSC:
	(if student is not the bank account h	nolder to student)	
Bank Address:		Intermediany hank (if applicable) Penk name:	
DALIK AUULESS.		Intermediary bank (if applicable) - Bank name:	
Pakistan only - Passport number (individual holding the bank account):		Pakistan only - CNIC/SMIC (obtained from your bank):	
Account Holder's Complete Resi	dential Address - MUST FILL (PO box an	d VPO addresses not acceptab	ole):

Part D: Student Declaration * Your request will be assessed in accordance with the Refund Policy available: * Refund process may take up to 20 working days once all correct documents have been submitted. * I have read the refund policy as stated above. * I agree with the conditions of refund and declare that I am the person for whom this refund is to be paid. https://www.latrobecollegeaustralia.edu.au/current-students/resources/policies-procedures-forms Signed: Parent/Guardian's signature (if the student is under the age of 18): Date:

Notes: In case where refund is refused, students have a right to appeal – please send your appeal to appeals@latrobemelbourne.edu.au