



**APPLICATION FOR WITHDRAWAL AND REFUND**  
(Processed within 14 working days after the student has provided the necessary documents.)

Student Personal Details		
Family name:		Given Names:
Student Id:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: (dd/mm/yy): ___/___/_____
Postal Address:		
City:	Country:	Postcode:
Home phone:		Mobile No:
Email Address:		

Course Details	
Tick the course/s you are applying to withdraw from and requesting a refund for:	
BSB50215 Diploma of Business (CRICOS Code 087248A) - 52 weeks including 8 weeks holidays	<input type="checkbox"/>
BSB60215 Advanced Diploma of Business (CRICOS Code: 087514K) – 52 weeks including 8 weeks holidays	<input type="checkbox"/>
BSB51918 Diploma of Leadership and Management (CRICOS Code: 098777G) – 78 weeks including 12 weeks holidays	<input type="checkbox"/>
BSB61015 Advanced Diploma of Leadership and Management (CRICOS Code: 091427G) – 78 weeks including 12 weeks holidays	<input type="checkbox"/>
SIT40516 Certificate IV in Commercial Cookery (CRICOS Code: 095291J) – 78 weeks including 12 weeks holidays	<input type="checkbox"/>
SIT50416 Diploma of Hospitality Management (CRICOS Code: 091062K) – 66 weeks including 10 weeks holidays	<input type="checkbox"/>
SIT60316 Advanced Diploma of Hospitality Management (CRICOS Code: 096944B) – 104 weeks including 16 weeks holidays	<input type="checkbox"/>

**Reason for Withdrawal and Application for Refund**

- Family Problems                       Transferring to another RTO (college)  
 Cancelling Enrolment               Other

**Please elaborate on your circumstances.**

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**If you are leaving, when do you intend to leave Australia?** \_\_\_\_\_

[If refund approved please fill in the following details]

**Bank details to which refund is to be processed:**

Account holder Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

SWIFT CODE (if applicable): \_\_\_\_\_ Bank Branch Code: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ AUD Date paid: \_\_\_\_\_

Branch Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**American College - Office Use Only**

Evidence Given: Yes  No

Type of documents: \_\_\_\_\_

Refund approved  Refund not approved  No refund necessary

Method: \_\_\_\_\_

Date refunded: \_\_\_\_\_

Amount refunded: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ABN: 91 130 637 320

International Institute of Management Pty Ltd trading as American College/ International Institute of Management

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