



Australian College of Health & Management
Suite 5, Level 4, 20 Macquarie Street,
Parramatta, NSW, 2150
+61 2 8872 1561
info@achm.edu.au
www.achm.edu.au

COURSE FEE REFUND APPLICATION FORM

Please complete the following if you believe you are entitled to a refund: (tick one box only)

- I am withdrawing prior to 30 days of the course commencement date.
- My preferred course has been cancelled or postponed indefinitely
- My preferred course has been cancelled or postponed to a date unsuitable to me
- My preferred course has been transferred to a location unsuitable to me
- My application for student visa has been refused by the Australian High Commission

Personal Details:

Family Name: _____

Given Names: _____

Date of Birth: _____ / _____ / _____ (dd/mm/yyyy)

Student ID (if applicable): _____

Email: _____

Phone: _____

Passport Number: _____

Deposit Amount: \$ _____

Date of Deposit: _____ / _____ / _____ (dd/mm/yyyy)

Banking Details for Refund:

Beneficiary's Account Name: _____

Bank Name: _____

BSB (Australian Banks only): _____

SWIFT Code (Overseas Banks): _____

Beneficiary's Account Number: _____

Beneficiary's address: _____



Australian College of Health & Management
Suite 5, Level 4, 20 Macquarie Street,
Parramatta, NSW, 2150
+61 2 8872 1561
info@achm.edu.au
www.achm.edu.au

Declaration:

I acknowledge that:

- By signing this refund application form in no way exempts me from payment of fees incurred, including administration fees.
- I will not receive any academic transcripts until all outstanding payments have been finalised.

Student's Signature: _____ Date: ____/____/____

Note: The refund process might take up to 6 weeks.

OFFICE USE ONLY

| Amount refunded | Date of refund processed | Banking Transaction Reference | Refund Processed By (sign) |
|-----------------|--------------------------|-------------------------------|----------------------------|
| | | | |