

REFUND OF TUITION FEES APPLICATION

DEAKIN COLLEGE
in association with



Student Name: _____
(Family Name) (Other Names)

Address: _____
_____ Postcode _____

Telephone: _____ Student ID: _____

Refund Amount Requested: AUD\$ _____

Cheque made payable to: _____

Reason for Refund: _____

Student Signature: _____ Date: _____

Office use only

Approved by _____ Date: _____

Finance Department

Overpayment Withdrawn

Student balance: _____

Total tuition fees for current trimester: _____

Overpayment amount for current trimester: _____

Less Withdrawn Admin Fee: _____

Less Withdrawn Cancellation Admin Fee: _____

Refund Amount: _____

Special Instruction: _____

Payment Method

TT

Date: _____

Period: _____ Prepared by: _____