International

Application for Refund



This form is to be used:

- if you wish to withdraw from the course in which you are currently enrolled at Box Hill Institute
- if you wish to withdraw from a course you are scheduled to study in the future
- if you have overpaid your course fees
- if your student visa has been refused by Department of Home Affairs

Student to complete:	Stuc	lent to	comp	lete:
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Student ID no.									
Family name									
Given names									
Date of birth									
Address									
Suburb									
Country							Postcode		
Telephone	Home				Mol	oile			
Email			I			I		<u> </u>	<u> </u>
Course Name									
Reason for Refund (Ple	ease tick):								
☐ Visa Refusal.									
☐ Withdrawal/Disc	ontinuation o	of current enro	lled course at I	Box Hill Institu	te.				
Withdrawal/Discontinuation of future scheduled course at Box Hill Institute.									
Overpayment of course fees.									
Change of Visa status. Copy of passport, marriage certificate and copy of permanent residency visa required.									
If withdrawal/discontinuation, please provide a full explanation and attach it to this refund form, including any supporting documents (e.g. medical certificate, boarding pass, Department of Home Affairs - visa rejection etc).					rtificate,				
REFUND OF THE OVERSEAS STUDENT HEALTH COVER (OSHC)									
Where a student has not arrived and has never resided in Australia, Box Hill Institute will claim the Overseas Student Health Cover (OSHC) refund from the health insurer on behalf of the student. Box Hill Institute will forward the OSHC refund to the student upon receiving the refund from the health insurer.									
Where the student has arrived or resided in Australia, it will be the responsibility of the student to claim the OSHC from the health insurer.									
REQUESTS FOR REFUNDS WILL BE ASSESSED IN ACCORDANCE WITH BOX HILL INSTITUTE'S REFUND POLICY FOR INTERNATIONAL STUDENTS. PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE ATTACHED BOX HILL INSTITUTE'S REFUND POLICY FOR INTERNATIONAL STUDENTS BEFORE SIGNING									
I declare that the information provided by me is true and complete and that it is my responsibility to provide all necessary documentation to support my request for refund. I agree and have read and understood Box Hill Institute's Refund Policy for International Students.									
Signature							Date	/ /	

□ PAYMENT DETAILS FOR AN OVERSEAS BANK ACCOUNT	
Name of Bank:	
Bank Address:	
No, Street & City	
Country: Postcode:	
Benificiary's Name:	
Address of Benificiary if not the student:	
IBAN/IFSC: Account Number:	
SWIFT Code:	
□ PAYMENT DETAILS FOR A LOCAL BANK ACCOUNT Name of Bank	
Account Number: BSB Number:	
Benificiary's Name:	
NOTE:	
*If the refund is to be paid to another person account apart from the student, the Institute req	uires a letter with
student's signature to authorize the Institute to have the refund paid to another person's acco	unt.
*Kindly ensure the receiving bank accepts Australian Dollars.	
Please return this form with supporting documents to: international@boxhill.edu.au	
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Internal Use Only.	
☐ Approved ☐ Not approved ☐ No release letter required	
Outcome Reason/s not approved	Refund Policy Category
(if applicable)	
International Officer Signature	Date