NEW CAMBRIDGE COLLEGE SYDNEY

FEE REFUND APPLICATION FORM

STUDENT DETAILS

Student Name: _____ **Student ID:** _____

Course Name: _____ **Course Start Date:** _____

Address: _____

Suburb: _____ **Postcode:** _____

Email: _____ **Phone:** _____

Agency Name: _____

REFUND REASON

_____

_____

REFUND DETAILS

Refund to: ☐ Student   ☐ Agent   ☐ Third-party

Account Name: _____

BSB: _____ **Account Number:** _____

Bank: _____

If a Third-party is to receive the refund money, please provide details:

Name: _____

Address: _____

Email: _____ **Mobile:** _____

STUDENT DECLARATION:

I declare that:

- I have read and understood the refund policy and will abide by its requirements if a refund is required. https://nccs.nsw.edu.au/wp-content/uploads/2022/11/Fee-Refund-Policy.pdf
- I understand a $500 Administrative fee will be charged to process my request
- I understand applications for refunds may take up to 10 working days to be processed
- I understand refund payments will be finalised no later than 28 days after dated receipt of this form.

Student Signature: _____ **Date:** _____

*** OFFICE USE ONLY ***		
Outcome: ☐ Approved ☐ Not Approved	Refusal Reason: _____	
Refund request: $ _____	Payment received: ____ / ____ / ____	
Refunded amount: $ _____	Refund date: ____ / ____ / ____	
TEAMS: ☐ Refund update ☐ Outcome email sent		
Staff Signature: _____	Date outcome provided: _____	