

Refund Application Form



**PARAMOUNT
INTERNATIONAL
COLLEGE**

By filing in this form, you are applying for a part or full refund of fees. Each refund request is looked at on an independent basis. A response will be issued to you within 10 business days and if successful, a refund will be made as per the refund policy and depending on the circumstances.

| | | | |
|---------------------|--|-----|--|
| Student Name: | | ID: | |
| Course: | | | |
| Date of Withdrawal: | | | |

| Refund Reason: | Please tick box |
|--|--------------------------|
| I have commenced my course. | <input type="checkbox"/> |
| I have not commenced my course. | <input type="checkbox"/> |
| I currently owe fees and want them reconsidered. | <input type="checkbox"/> |
| Others: | <input type="checkbox"/> |

| | |
|------------------------|--|
| Bank Name: | |
| Bank Branch (BSB No.): | |
| Branch Address: | |
| Account Name: | |
| Account Number: | |
| Swift Code | |
| Agent/Student Sign | |

-----OFFICE USE ONLY-----

| | | | |
|--------------------|----|---------|--|
| Processed By: | | Amount: | |
| Manager Signature: | | | |
| Service charge | \$ | | |
| Printed Name: | | | |
| Date: | | | |