

Application for Refund



Please read the Cambridge Academy of English Pty Ltd (CAE) Refund Policy available on our website in full or on your Student Agreement, prior to completing this application. Please note the following carefully:

- 1. Administration fees are not refundable
- 2. Materials fees are refundable only on a pro-rata basis
- 3. Refunds will only be paid into the same account from which the original payment was made
- 4. Refunds will only be processed after the original payment has cleared

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Family name

First nam	e							
Date of bi	rth							
Student II	Student ID							
Reason/s	for refund							
☐ Visa	a refused (atta	ch documentary evidence from the Australian Department of Home Affairs / DHA)						
☐ Wit	ndrawing from	course due to compassionate or compelling circumstances (attach evidence)						
☐ lan	I am changing education providers and a release letter has been granted by CAE							
☐ Per	☐ Permanent residency status has been granted							
☐ Iha	☐ I have failed to meet entry requirements / conditions on Letter of Offer							
☐ Wit	☐ Withdrawing from course due to academic difficulties							
☐ Wit	ndrawing from	course due to personal reasons						
□ Му	enrolment has	been cancelled due to a breach of Student Rules						
☐ Other – give details below								
Supporting documents attached								



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Other comments (a	add pages as required)		
Excerpt from Refu	nd policy		
to finalise incomplete	le where participants leave prior to comp e units of competency in a future course, available within a 12-month period from a	the original fee can be used as	a credit towards that
No refund is payable Student Rules.	e where students have had their enrolmen	nt cancelled by CAE due to any	v breach of the
I -	idered on a pro-rata basis for students wi course providing a supporting Medical C	-	xtent that they can no
Declaration			
I have receive	red, read and understand the CAE full	refund policy	
☐ I have receiv	red, read and understand CAE Compl	aints and Appeals policy and	procedure
I have attach	ned supporting evidence (if required)		
I declare that	t the information I have provided on th	is application and attachmen	nts is true and correct
Name		Date	
Signature			
Students are advise CEO where possible	ed to make an appointment to discuse.	s the situation with the Con	npliance Officer/
	OFFICE USE	ONLY	
Officer		Date received	
Signature			
Referred to			
Action taken			
Amount paid by student		Amount(s) eligible for refund	
Refund paid	☐ Yes ☐ No Amount \$	Date paid	
Comments			