English Language Centre – Refund Form

RETURN COMPLETED FORM TO:

By Post:
English Language Centre - University of Tasmania
Private Bag 14, Hobart
TAS 7001 Australia

By Courier:
English Language Centre - University of Tasmania
Level 2, Hytten Hall, French Street, Sandy Bay,
TAS 7005 Australia

By Fax: (61 3) 6226 2525

By Email: ELC.Finance@utas.edu.au

All refund payments will be made in Australian Dollars and it is University policy to make payments by Electronic Funds Transfer (EFT).

Family Name: _____ Given Names: _____

Student ID: _____ Telephone Contact: _____
Include Country & Area Code if Overseas

Student Email: _____ @ _____

Address: _____

Reason(s) for Refund: _____

I will not be making any further variations to my enrolment which will affect the fees payable. I understand that payment of the Refund may take up to 4 weeks to process.

Amount Requested: AUD $ _____

Applicant's Signature: _____ Date: _____

IF this Refund payment is to be made to a party other than the student, the student MUST complete the authorization section below.

I, ..., authorize payment of my overpaid fees to .....
STUDENT'S FULL NAME *FULL NAME OF INDIVIDUAL or ORGANISATION*

..... STUDENT'S SIGNATURE: .....

AUSTRALIAN BANK ACCOUNT:

BSB Number: |___ | ___ | ___| - |___ | ___ | ___| Account No.: |___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___|
Must be 6 digits *Maximum 9 digits*

Account Name: _____ Bank Name: _____
EG: ANZ, CBA, NAB *EG: Sandy Bay*

OVERSEAS BANK ACCOUNT:

Full Account Name: _____

Full Account No: _____

Bank Name: _____

Full Bank Address: _____
REQUIRED INFORMATION: Building, Street, Suburb, City, State, Country

IBAN, SWIFT, Routing or ABA Number (Bank Branch Identifier): _____

ELC OFFICE USE ONLY

ELC Fees	1.90.510.52011.3703	$.....
Health Cover	1.10.509.51829.2000	$.....
H/Stay Placement	1.90.510.52013.3706	$.....
H/Stay Rent	1.90.510.52013.3710	$.....
TOTAL REFUND APPROVED		$.....

COMMENTS

REFUND APPROVED BY: . ..... Date: .....
Signature *Print Name*

UNIVERSITY OF TASMANIA