



UTS College Student ID Number				

## Application for refund of fees

	, ipp.::00:::0		
Date of application (DD/MM/)	Y):		
Student family name:		Student given name:	
Date of birth:	Mobile phone:	Sydney phone:	
Sydney address:		Postcode:	
Email address:			
Reasons for refund:			
	tick your preferred method of receiv	ving the refund if approved)	
If the above named student is n	ot the person to receive the refund,	an authorisation letter (in the next page) must be signed	/dated by the
above student (except when the	•	fees were paid by an external sponsor).	
		ali A	
	(TT) (TT to overseas bank accounts or		
Account name:			
Bank name:			
Bank address:			
Account holder's phone	e number:		
Email address (if availa	ble):		
Account holder's home	address:		
<ul> <li>(Refer to offer letter for details</li> <li>3. You will be notified of the outo</li> <li>4. If you are applying for a refun application to withdraw form a</li> <li>5. If you are transferring to anoth fees have already been paid.</li> <li>6. Refunds take a minimum of th</li> <li>7. If you are a FEE-HELP stude returned to the Department of</li> <li>8. If you are a foreign governme written advice received from t</li> </ul>	the student but can be made payable (s.) come of your application by email / maid because you are planning to withdraind submit with this application. her institution, any refunds approved where weeks to process. ht, and this refund is approved, any refunction. ht scholarship student, and this refund he Embassy or Cultural Mission of you ge, your parent or guardian must also	w from your course at UTS College, you must also complet will be made payable to the new institution, unless you demonstrated by the student will be made from the student will be made approved, any refundable scholarship fees will be made	e an constrate that will be according to ss your
Print name:	Signature: _	Date:	
For students under 18 years of a	=		
	nature:	Date:	
*Homestay hosts are not permitte	ed to sign as parents or guardians.		
OFFICE USE ONLY			
APPLICATION RECEIVED BY:	Staff name	Date (DD/MM/YYYY):	
STUDENT UNDER 18 YEARS	OLD? Yes No		
APPLICATION ASSESSED BY:	Staff name	Date (DD/MM/YYYY):	
☐ APPLICATION APPROVED	☐ APPLICATION REJECTE	ED .	
STUDENT NOTIFIED BY			

## **Authorisation letter**

\*Please complete this form in BLOCK letters\*

l,	(print your full name as per passport),		
hereby authorise the person stated below (please tick one	of the boxes):		
to collect my refund cheque.			
to receive my refund, i.e. the refund is to be made pa by cheque or TT.	ayable to the person		
Details of the authorised person:			
Full Name:			
Phone number:			
Email address (if applicable):			
Relationship with the student:			
Student Signature:	Date:		
Parent/Legal Guardian Signature (if the student is under the age of 18):			
	Date:		

Please note that if the refund is to be made by cheque, the authorised person is required to bring a photo ID and a copy of this authorisation letter, for verification purposes, to collect the cheque at the UTS College Student Centre.

Insearch Limited - ABN 39 001 425 065
Insearch Limited (UTS College) CRICOS provider code: 00859D I UTS CRICOS provider code: 00099F Insearch Limited (UTS College) is a controlled entity of the University of Technology Sydney (UTS), and a registered private higher education provider of pathways to UTS.

Version Januay 2021 586743967\_0121