

Refund Application Form

If your contact details have changed since you lodged your application, please provide new details and send it to MCOHB in person at reception or via email to reception@mcohb.edu.au otherwise we may not be able to contact you with important information.

Note: Refund application must be made by completing a Refund Application form and sending it to the Finance Department of MCOHB. The refund application form must be submitted to either reception or by email to reception@mcohb.edu.au attention Finance Department.

Whether the student is entitled to a refund or not, they will receive written notification of the outcome, which will include an explanation of how the refund was calculated within 20 working days of receipt of the refund application. The refund will be paid to the student or another person nominated in writing by the student. If a credit card is used to make payment(s), MCOHB will refund the amount back to the credit card used for the payment(s). Where an application is withdrawn or cancelled, an approved Cancellation Form must be provided with the refund application form. Any refunds listed in the table below are minus the non-refundable administration fee of \$100, payable at course commencement. This fee is mandatory and covers all administration required for enrolment.

DOMESTIC STUDENT INTERNATIONAL STUDENT

Applicant Details

Student ID:

Date of Birth:

Family Name (as per enrolment registration):

Given Name (as per enrolment registration):

Phone:

mobile phone:

student email:

Tuition Fees Refund Details

Course code:

Course title:

What is the reason / circumstance for seeking a refund?

- Course cancelled or rescheduled by MCOHB (provider default) Leave of absence
 Family/Personal/Financial Reasons Refused student visa
 Failure to meet English Requirement Domestic Student Withdrawal
 Medical Reasons Study at another registered provider

Other compassionate and compelling circumstances (Please specify):

Has the course already been commenced?

YES

NO

Course commencement date:

METHOD OF REFUND Please choose one of the following options

Electronic Funds Transfer (EFT) - Australian bank account

Account Name: _____

Account Number: _____ BSB: _____

Bank Name: _____

Credit Card details for refund()**

Card Holder's Name: _____

Card Number: _____ CVV: _____

Expiry Date: ____/____/____

Overseas Telegraphic Transfer - overseas bank account

Account Holder's Name: _____

Account Holder's Address: _____

Account Number: _____

SWIFTCODE: _____ IFSC (if applicable) _____

Bank Name: _____

Bank Address: _____

The refund will be paid to the student or another person nominated only once confirmed by the student in writing on this form. Any variations to the information on the form will require additional written consent from the student.

(**) Only when a credit card was used to make payment(s)

Student declaration:

I have read and fully understood the Refund Policy.

I understand that completing this form does not guarantee a refund.

I authorise MCOHB to pay my refund to the nominated Bank Account / Credit Card as specified in this form. I understand that the accuracy and legibility of the provided banking details is my sole responsibility.

I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the application.

Student signature: _____

Date of application: _____

Office use: (refund calculation form to be attached to request form) N.B request MUST be approved by the Director of Studies or their delegate before education agent is notified and submission to the finance dept. for refund calculation.

Approved: YES NO

Director of Studies/delegate signature: _____

Date: _____

Printed Name: _____

Date request received: _____

Received by: **(MCOHB staff name)**

MCOHB staff member position: _____

Students' education agent notified: YES NO

If Yes: Date notified: _____

Method education agent notified: _____

Letter

email

Melbourne College of Hair and Beauty
Level 1, 1 Star Crescent, Docklands, VIC, Australia 30086
RTO No: 21943 — CRICOS: 02886G

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