

Level 2, 123 Lonsdale St Melbourne, VIC 3000, Australia Phone: +61 3 9639 9951 | Website: www.asli.vic.edu.au

CRICOS No: 03483G | RTO No : 40794

Short Course Refund Application Form

Student's Personal details:			
Full Name			
Short Course Name:			
Course Date:	Cours	e Time:	
Address:			
Phone no:	Mobile	;	
Email:			
Please specify the reason for (Supporting document must be att			

Method of Receiving Refund	
Direct Transfer	Account Name:
	Account Number:

Please approach the administration department for approval on this application prior to final submission.

Tick	Refund Circumstances	Refund of Course Fees Paid	Administratio n Fees
	Withdrawal after the course start date	No refund	No refund
	Withdrawal/ Cancellation before two days prior to course commencement.	100%	No refund
	Withdrawal/ Cancellation on the day of course commencement.	No refund	No refund
	Learner does not show up on the day of the course.	No refund	No refund
	Learner abandons the course	No refund	No refund
	Course withdrawn by the institute	100%	100%
	The Institute cancels an enrolment due to serious learner misconduct	No refund	No refund



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Student Declaration

□ I have read and understood the policies and procedures for refund for the short course at Australian Study Link Institute (ASLI).

 \Box I am aware about the terms and conditions applied with the amount of refund received by me as mentioned in the ASLI's Refund policy given in short course information booklet.

 \Box I understand that my refund shall be processed within 20 working days of lodging this request.

Student's Signature

Date

For Office use only

	Signature	Date
Request received		
Refund Application Processed by:		
Campus Manager approval		
Decision Granted □ Yes □ No		
Comments (If any)		