**Request for Refund of Fees – International Students**

**INSTRUCTIONS:**
(This form is to be filled in by the student.)

Please read the Macquarie International Refund Policy to determine your eligibility for a refund before filling in this form.

Ensure that all sections of this form are complete, supporting documentation is attached, contact details have been supplied, and that you have signed at the back of the form. Incomplete forms cannot be processed. Submit this form and all supporting documentation at Macquarie International.

Note that the refund payment must be made out to your name in your country of permanent residence. Payment will be made either by telegraphic transfer or by international bank draft. If your refund is under $1000 then you may request for an electronic funds transfer (direct deposit) or by local cheque. If you are transferring to another educational institution in Australia then you may request for your refund to be made payable to them.

The usual processing time for a refund payment is within four weeks from the date the request was received.

### REFUND INFORMATION

<table>
<thead>
<tr>
<th>Reason for Refund</th>
<th>Prerequisites</th>
<th>Attachments Required</th>
<th>Amount to be Refunded</th>
<th>Please tick one</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overpaid fees and student will have completed their studies by the end of this period.</td>
<td>Student has completed their program or will be completing their program this study period.</td>
<td>None – completion criteria will be checked by Macquarie International.</td>
<td>Full Refund.</td>
<td>☐</td>
</tr>
<tr>
<td>Full degree student withdrawing <strong>before</strong> commencing studies at Macquarie.</td>
<td>Student has already submitted the Withdrawal from Study form at Macquarie International.</td>
<td>None – withdrawal information will be checked by Macquarie International.</td>
<td>Partial Refund. Maximum deduction $5000.</td>
<td>☐</td>
</tr>
<tr>
<td>Full degree student withdrawing <strong>after</strong> commencing studies at Macquarie.</td>
<td>Student has already submitted the Notice of Leaving Education Provider form at Macquarie International.</td>
<td>None – withdrawal information will be checked by Macquarie International.</td>
<td>Partial Refund. Maximum deduction $5000.</td>
<td>☐</td>
</tr>
<tr>
<td>Study Abroad student withdrawing from their program at Macquarie.</td>
<td>Student has notified their Study Abroad advisor of their intention to withdraw.</td>
<td>None – withdrawal information will be checked by Macquarie International.</td>
<td>Partial Refund. Maximum deduction $2000.</td>
<td>☐</td>
</tr>
<tr>
<td>Student has obtained permanent residency <strong>before</strong> commencing studies at Macquarie.</td>
<td>Student has applied for permanent residency.</td>
<td>Copy of passport showing proof of permanent residency.</td>
<td>Partial Refund. Maximum deduction $2000.</td>
<td>☐</td>
</tr>
<tr>
<td>Application for student visa has been refused.</td>
<td>Student has applied for a student visa.</td>
<td>Copy of visa refusal letter from DIMA.</td>
<td>Full Refund.</td>
<td>☐</td>
</tr>
<tr>
<td>Student (or their close family member) is seriously ill and it will impact on their studies.</td>
<td>None.</td>
<td>All medical documentation relating to person(s) involved.</td>
<td>Partial or full refund depending on circumstances</td>
<td>☐</td>
</tr>
<tr>
<td>Other reason not listed above.(eg. OSHC Refund, Excluded or Enrolment Cancelled)</td>
<td>Reason: ___________________</td>
<td>Any relevant documentation</td>
<td>Partial or full refund depending on circumstances</td>
<td>☐</td>
</tr>
</tbody>
</table>
**STUDENT INFORMATION**

Family Name: ___________________________  Given Name(s): ___________________________

Macquarie ID: ___________________________  Date of Birth: ___________________________

**PAYMENT INFORMATION**

Please select your preferred payment option. **Important note:** The refund payment will be made out to your name in your country of permanent residence. You may only select Australian payment options if the refund is less than $1000 or if you are transferring to another institution. If transferring please provide your unconditional offer letter and payment details or account details for your new Institution.

### Telegraphic Transfer (Overseas payment - All fields required)

Account Name: ___________________________

Account Number: ___________________________

Bank Name and Address: ___________________________

SWIFT Code: ___________________________

IBAN (for Europe / UK only): __________________________

Australian Intermediary Bank Details:
Bank Name and Address: ___________________________

SWIFT Code: ___________________________

### Electronic Funds Transfer (Australian payment – only use this box if your refund is less than $1000 or if you are transferring to another institution.)

**Please circle one**

- Refund maybe under $1,000 / Transferring to new Institution

Student / Institution Details (as per above selection):

Account Name: ___________________________

Account Number: ___________________________

BSB Number: ___________________________

Bank: ___________________________

Student Number (New Institution): ___________________________

### International Bank Draft (Overseas Payment)

Account Name: ___________________________

Home Address: ___________________________

Postcode: ___________________________

Overseas Phone Number: ___________________________

### Local Cheque (Australian payment – only use this box if your refund is less than $1000 or if you are transferring to another institution.)

**Please circle one**

- Refund maybe under $1,000 / Transferring to new Institution

Student / Institution Details (as per above selection):

Account Name: ___________________________

Address: ___________________________

Postcode: ___________________________

Student Number (New Institution): ___________________________

**REQUEST CONFIRMATION**

I have read the refund policy and understand its contents. I hereby request a refund of student fees paid.

Refund Request confirmation:

Signed: ___________________________  Contact Phone Number: ___________________________

Date: ___________________________  Contact Email Address: ___________________________

**OFFICE USE ONLY**

Refund request approved as per policy section:

Payment amount and method approved:

Additional comments:

Payment Authorisation:

Signed: ___________________________  Date: ___________________________

Name: ___________________________  Contact Phone Extension: ___________________________