

SYDNEY STATE COLLEGE

ABN: 18 626 015 647 | RTO CODE: 45765 | CRICOS PROVIDER CODE: 04264K

Refund Application Form

About this form

This form is to be used when making an application for a refund. Please note that in the event we cancel the course before or after commencement, you do not need to complete this form and a refund will be automatically provided to you as per our Fees and Refunds Policy and Associated Procedures.

All refunds will be processed as per the information included in the Student Handbook about fees and refunds. Provision of bank details below are taken to mean that you authorise payment to this account.

Student details

Given name/s			
Surname			
Date of birth		Gender	☐ Male ☐ Female ☐ Other
Nationality		Student number	
Address including street number and name, suburb or town and postcode			
Postal address (if different)			
Phone number/s			
Email address			
Reason for refund			
Please briefly describe the reason you seeking a refund.			

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Bank details

Bank name	
BSB	
Account name	
Account number	
Student number	
Name	
Signature	
Date	

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