



Request for Refund of Fees - International Students Only

"Friendship, Faith and Honesty"

INSTRUCTIONS

- Please read the **St. Maroun's College Refund Policy for International Students** to determine your eligibility 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 the form. Incomplete forms cannot be processed.
- The usual processing time for a refund payment is within four (4) weeks from the date the request was received.

STUDENT DETAILS

Title: _____ Family Name: _____ First Name: _____
Australian Address: _____
Suburb: _____ State: _____ Postcode: _____
Email: _____
Home Phone Number: _____ Mobile Phone Number: _____

COURSE DETAILS

Current/future enrolment:

- Primary School (K-6) Junior Secondary (YR 7 -10) Senior Secondary (YR 11 & 12)

College Fees Paid: AUD\$ _____ Date Of Payment: _____

REASON FOR THE REQUEST

Please indicate your reason for withdrawing. ()

- Health reasons/illness (please provide evidence)
 Financial difficulties Competitive tuition fee
 Personal/family issues (please provide evidence)

Have not met conditional requirements

- English Proficiency
 Academic

Transferring to other institution (please indicate why)

- Competitive tuition fee
 Course change
 More convenient location
 Other _____

PAYMENT DETAILS

St. Maroun's College approved refund College fees are paid by **CHEQUE** only.

Payable to: _____ Relationship to student: _____

Mailing Address: _____

Suburb: _____ State: _____ Postcode: _____

REQUEST CONFIRMATION

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

Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

- Refund request approved by International Student Coordinator (K-12): _____ Date: _____
Payment amount total: AUD\$ _____ (No. of weeks refunded: _____)
- Refund request approved by Principal: _____ Date: _____
Additional comments: _____
- Payment Process and Authorisation by Office Administrator: _____ Date: _____