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Higher Education Provider No: PRV14082 Email: studentservices@bbi.catholic.edu.au

REQUEST FOR REFUND FORM

Updated December, 2016

This form is to be used for refund of fees only in instances where fees have been paid in advance for unit/s that were withdrawn on or before the census date in the relevant trimester. Students are reminded that withdrawal from a unit after the census date retains the financial liability for that unit unless the student is able to demonstrate that their withdrawal was necessary due to exceptional circumstances beyond their control that eventuated on or after the census date in that trimester. Please refer to BBI's <u>Withdrawal from a Unit Policy</u> and <u>Refund Policy</u>.

Title First Name	Surname				
Student Number	Course				
Date of Birth	Mobile				
Email (mandatory)					
Address					
Suburb	State Postcode				

Unit Refund Information:

Please refer to BBI's <u>Refund Policy</u> to determine how much you are eligible to be refunded.

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Trimester:	Trimester 1 2017	Trimester 2 2017	Trimester 3 2017
Reason for refund			
Amount to be refunded	l	Bank name_	
Bank address		Branch	
Account Name			
BSB		Account Number	r
If you are requesting a signed letter confirm		unded into an account	that is not under your name, please submit

□ I understand and accept BBI's refund policy and procedures.

□ I declare that the information provided herein is true and accurate.

Signature

Date____