Refund Request Form

Details		Refund Type	Tick
RR No (Admin Staff):		VISA Refusal	
Date:		VISA Renewal Refusal	
Name:		VISA Breach of Condition	
Student ID:		Withdrawal	
Course:		Transfer	
Course Intake:		Cancellation	

Section 1

I request a refund for the following:

Invoice Number:	
Amount:	

Reason: (Please attach any supporting documentation)

Section 3

Acknowledgement

I understand that my request for a refund will be processed in accordance with APEIRO INSTITUTE Refund Policy.

I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.

Print Name:		Signature:	

Authorisation

Authorisation for Processing

Action to be taken:	APPROVED	DENIED	ADJUSTED AMOUNT

Comments:

Signed:		Position:	
Print Name:		Date Processed:	
Amount to be refunded:			

Admin Use Only

Refund Register				
Logged in Refund Register:	Yes	No	Date:	
Logged By:			Signature:	
Refund Processed				
Formal Letter Sent:	Yes	No	Date:	
Sent By:			Date:	
Appeal of Decision				
Appeal Lodged:	Yes	No	Date:	
CAF Number:			Date:	