

**STUDENT DECLARATION AND REQUEST FOR REFUND OF FEES
AUSTRALIAN PACIFIC COLLEGE (“APC”) / SOUTHERN CROSS HIGH SCHOOL (“SCHS”)**

Name: _____

SID: _____ Date of birth: _____

Course studied: _____

Reason for withdrawal: _____

Student’s address¹: _____

Parent’s Names²: _____

Parent’s Address³: _____

</we> the <student/student and parent> have applied for a refund and if <my/our> application is successful </we> do solemnly declare that </we> give permission for <my/our>refund to be paid to by

International Bank draft⁴

Cheque⁵

Telegraphic transfer to overseas bank account

EFT bank transfer to my Australian bank account⁵

Account#: _____

BSB _____ - _____ Account#: _____

Account Name: _____

Account Name: _____

Bank Name: _____

SWIFT Code: _____

Credit note

IBAN (If Applicable): _____

</we> understand that:

- This application will be processed within 4 weeks of receipt only if </we> have supplied all relevant documents
- This application is assessed according to the Refund Policy which </we> signed agreeing to the terms and conditions on the application form
- If the refunds is paid in accordance to the written instructions, and then subsequently claimed by another person including (but not limited to) student, relative, agent, corporation or other person, or otherwise refunded incorrectly by APC, </we> agree to indemnify APC and be personally liable to compensate APC for the full amount of the refund. In addition, </we> agree to indemnify APC any legal or other associated costs which may be incurred by APC in trying to recover the refunded amount.
- </we> acknowledge and declare that the above is a true statement and by signing below </we> waiver any future claims on APC for any compensation, financial or otherwise.
- </we> acknowledge that in a case of student visa refusal, by signing below </we> request that this document be taken to be <my/our> course variation request to withdraw from the above named course.

Student Signature: _____

Parent Signature⁶: _____

Date: _____

Witness Name⁷: _____

Signature: _____

Date: _____

Attach Legible Copy of Student or Student & Parent’s (if Student under 18) AND Witness Identification forms (Passport, Drivers License etc with legible MATCHING signature panels)

¹ A residential address must be provided as any refunds will be sent by registered mail

² For students under 18 yrs old at the time of their application, any refunds will be forwarded to the student’s parent/legal guardian

³ A residential address must be provided as any refunds will be sent by registered mail

⁴ A valid overseas bank account is required to deposit a bank draft

⁵ A valid Australian bank account is required

⁶ If applicant is under 18yrs old at time of course application the parent must co-sign this form (regardless if the student has since turned 18 yrs old)

⁷ This form must be witnessed by an independent person