

Request for Tuition Fee Refund

Course Name:	Student ID:
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Surname:	First Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / / (dd/mm/yy)	
Residential Address:		
Suburb	State	Postcode
Postal Address:		
State	Postcode	
Home Phone:	Work Phone:	Fax:
Mobile:	Email:	

I am requesting a refund for the following reason(s):

CONDITION OF REFUND

Please read the following Conditions carefully before applying for a tuition fee refund.

1. Refund requests will only be processed if the refund complies with the Seafood & Maritime Industries Training Refund Policy.
2. Refund costs and payment methods:
 - Cash refunds are only made if the original payment was made by cash
 - Credit card refunds are only processed back onto a card if the original payment was made by credit card. Once SMIT has processed the refund, it may take up to seven (7) days before the credit appears on your account due to bank processing practices
 - Credit card refunds will incur 1.728% bank transaction fees
 - Cancellation fees may be incurred if refunds are made due to course cancellation. (please refer to course cancellation fees)
 - Under Australian banking regulations, if a student has made a payment with a credit card, any refund must be credited to the original card
3. If the original fee payment was made on your behalf by a third party, the third party will be refunded any amount due
4. In some circumstances, refunds may require extra time to process due to:
 - Delays in course/program withdrawal being approved
 - Appeals requiring the approval of the Supervisor, Student Administration
 - Incorrect or incomplete information being provided

Student's Declaration (all applicants to complete)

- I have read, understood and accepted the Condition of this refund application.
- I understand that providing inaccurate or incomplete information will delay my refund application.
- I understand that SMIT may disclose the person information I have given in this application to the Department of Education and Training NT.

Applicant's Signature: _____ Date: _____

Office Use Only

Amount: \$ _____ Cash EFTPOS

Approved by: _____ Date: _____