



Cancellation / Refund Application Form

MUST be completed by Student and email to accounts@evolution.edu.au, or drop it at Reception on the campus.

This form is for International Students holding a Student Visa and seeking cancellation from Evolution Hospitality Institute. Before you complete this form, please read **a)** the Defer, Suspension, Cancellation Policy **b)** Fees, Charges and Refund Policy and Procedure.

Note: Where finances are in effect, final decisions against cancellation applications will be decided by Chief Operating Officer.

Application	<input type="checkbox"/> Refund	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Both
First Name:		Last Name:	
Phone:		Email:	
Date of Birth:		Student ID:	
Course Name:		Course Code:	
Amount Paid to Evolution	\$ _____ (tuition fee + material fee if applicable)		
Current Address (in Australia or overseas):			
I wish to apply for cancellation / refund because (Please tick one)			
<input type="checkbox"/> 1. I am cancelling from the course because I am going back home <input type="checkbox"/> 2. I am cancelling from the course because I am going to another registered provider (have <u>not</u> completed 6 months of my principal course) <input type="checkbox"/> 3. I am cancelling from the course because I am going to another registered provider (<u>have</u> completed 6 months of my principal course) <input type="checkbox"/> 4. I am cancelling from the course because I have been issued a NEW type of visa subclass <input type="checkbox"/> 5. Others. Please specify _____			
List supporting documents attached:			
1.		2.	
3.		4.	
Note: Where a student requires a release, the student must complete a Release Request Form			

Payment of Refunds

Please provide details of your bank account in the space provided below. Funds will be transferred in AUD. Bank fees will be deducted from the refund amount.

Bank Name:	Account Name:
BSB Number or Swift Code:	Account Number:
Signature of Applicant (Must be the same as passport):	Date:
The refund should be transferred to student's bank account. If not, please state the relationship and reason: _____	

Office Use Only

Finance Department	
Refund	
<input type="checkbox"/> Yes Amount: _____ <input type="checkbox"/> No	
Reviewed and Approved by the Chief Operating Officer	
Name: Bubpa Page	Date:
Signature:	
Released in PRISMS: (attach student filled Release Request)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment: _____	