CENTRAL MELBOURNE INSTITUTE
EXCELLENCE IN EDUCATION
Level 6 460 Bourke Street Melbourne 3000 Ph: 03 8637 7700 E- mail: info@cmi.vic.edu.au

REFUND REQUEST FORM

Section 1: Student Details

Full name	
Student ID	
Date of birth	
Email contact	
Phone contact	
Course Code & Name	
Enrolment Start Date	
Current Status	☐ Enrolled ☐ Withdrawn ☐ Deferred ☐ Cancelled

Section 2: Refund Details

Refund Type Requested	☐ Full ☐ Partial ☐ Other (specify)
Amount Requested (AUD)	
Payment Method:	☐ Bank Transfer ☐ Credit Card ☐ Other
Bank Account for Refund	Account Name: …… BSB: …… Account Number: ……

Section 3: Reason for Request

☐ RTO course cancellation

☐ Visa refusal – Before commencement

☐ Visa refusal – After commencement

☐ Withdrawal ≥10 weeks before start

☐ Withdrawal 4–10 weeks before start

☐ Withdrawal <4 weeks before start

☐ Other (please explain): ……

Section 4: Supporting Documents (attach – if applicable)

☐ Withdraw Form

☐ Visa Refusal Letter

☐ Medical Certificate / Compassionate Grounds

☐ Proof of Payment

☐ Other (please explain): ……

Section 5: Declaration

I declare that the information provided above is true and correct. I understand that refunds will be processed according to the RTO's Fees & Refund Policy and may take up to 20 business days. I also understand that submission does not guarantee approval and appeal options are available.

Signed (Student): ……	**Date:** ……

OFFICE USE ONLY

☐ Application Received	Date: ……
☐ Supporting Documents Verified	☐ Yes ☐ No
☐ Logged in Refund Register	By: ……
☐ Eligibility Reviewed by Compliance	☐ Approved ☐ Denied
☐ Refund Processed	Amount: $…… Date: ……
☐ Outcome Notified	Date: ……
☐ Appeal Lodged (if applicable)	Date: ……