

National Academy of Professional Studies (NAPS)

SS015F Refund Request Form

Students who wish to have any paid fees refunded need to complete this form and return it to Student Services. For more information, contact the Registrar – registrar@naps.edu.au. Staff need to save a copy of this form in both the students’ records and the Refunds files, renamed as NAPS SS015F STUDENTS LAST NAME.STUDENT NO.

Student Name:	Student ID Number:
Address:	
Email:	Telephone/ mobile:
Course:	
Request Details: <input type="checkbox"/> Tuition Fee <input type="checkbox"/> OSHC <input type="checkbox"/> Other (please specify) _____	
Account Name: _____	
Bank Name _____	Address: _____
BSB No: _____	Account No: _____
	Swift Code : _____
Reason for Refunds: Evidence assessed to support decision: <input type="checkbox"/> Medical <input type="checkbox"/> Letters <input type="checkbox"/> Others (Please Specify) _____	
Details:	
<p>I declare that the information provided by me is correct and complete and I am aware that my refund application will be assessed according to the refund policy in the terms and conditions of enrolment. I authorise NAPS to transfer my refund to the account indicated above.</p>	
_____ <i>Student's Signature</i>	____/____/____ <i>Date</i>

Notes:

1. For course cancellation or withdrawal, the student must complete a SS020F2 Notification of Withdrawal or Enrolment Cancellation Form and attach it to this request.
2. Approved refunds will be paid either by direct deposit or by telegraphic transfer to the nominated account within 14 days of receiving refund application.
3. All refunds incur a \$250 administration fee except where it is specifically stated.
4. Bank charges will be deducted from the total refundable amount.

For Office Use Only

Date received			Letter sent	Payment made (date) (cheque/EFT)	
Fees paid to date	\$	Application fee (non-refundable)	\$	Course /monthly fees	\$
Fees paid in advance to date	\$	Less admin fee	\$250	Final refund amount	\$
Verified by Registrar APPROVED /NOT APPROVED Name: _____ Signature: _____				Date:	