Sydney City College of Management Pty Ltd (SCCM) ABN: 89 606 547 611, CRICOS Provider: 03620C, RTO: 45203 Address: Level 2, 17 Macquarie Street, Parramatta, NSW 2150

Telephone: +61 2 8872 0435 Email: accounts@sccm.edu.au Website: www.sccm.edu.au



## **Application for Refund**

This form is to be completed by the student when requesting a refund. Please complete all fields and email this form to SCCM Accounts at <a href="mailto:accounts@sccm.edu.au">accounts@sccm.edu.au</a>. All Refunds will be provided in accordance with SCCM's Refund Policy. Please attach any relevant supporting documentation to assist SCCM in determining your application for refund. This application will normally be processed within 20 working days from the date of completed refund application and all required documents are received. SCCM requires the right to ask for any additional documentation if necessary.

STUDENT DETA	AILS						
Student Name			Student ID				
Course Title	purse Title		Course Start Date				
Email			Mobile				
REFUND DETAI	LS (How did you pay for your tuition fe	es?)					
Please provide details of the nominated bank account where you would like the refunded fees transferred into. Where you were not the individual or organisation who made the payments to the Institute, the applicable refund fees will be transferred into their nominated bank account.							
Bank Name		BSB Numb	er/ SWIFT				
Account Name		Account N	umber				
Branch							
Reason for Reques	ting Refund (Please attach relevant suppo	rting docume	entation to sup	oport y	our application)		
STUDENT DECL	ARATION						
☐ I declare that I have read and understood the Institute's Student Deferment, Suspension and Cancellation Policy,							
Student Refund Policy and terms and conditions stipulated in my Offer Letter and Student Acceptance Agreement and confirm that the information and supporting documentation provided by me is true and correct.  ☐ I understand that providing false information to the Institute may result in the termination of my enrolment and/or entitlements.							
Student Signature			Date				

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File Name: SMD17 Application for Refund			Apr 2023	Apr 2024	2.0	

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OFFICE USE ONLY					
Application Received	Ву		Date Rec	eived	
Decision Outcome		☐ Approved ☐ Declined			
Reason if declined					
Processed by					
Original Fees Paid \$	Receip	t No	Date of P	ayment	
Total amount refunded \$	Receip	t No	Date of P	Date of Payment	
Signature			Dat	e	

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File Name: SMD17 Application for Refund			Apr 2023	Apr 2024	2.0	