

## **REFUND REQUEST FORM**

This form is to be completed by students applying for a refund of tuition fees paid to Blended Learning International. Before submitting this form, please ensure you have read and understood the Fees and Refunds Policy and Procedure, available on the BLI website or by contacting student services at info@blendedlearning.edu.au.

Title:					
	□Mr	☐ Mrs	☐ Ms	☐ Miss	□ Other: _
Given Name:					
Preferred Name:					
Surname:					
Date of Birth (DD/MM/YYYY):					
Email:					
Contact Number:					
Address					

## **Course Details**

Course Code:	
Course Name:	
Start Date of Course:	
Date of Last Class:	
Tuition Fee Paid:	
Last Date Fees Were Paid:	

Reason for Refund Request Please tick one of the reasons belo	t w and provide a detailed explanation.
☐ Withdrawing from course due to	
☐ Withdrawing from course due to	
☐ Withdrawing from course due to	o illness and inability to continue studies
☐ Enrolment cancelled due to brea	ach of Student Code of Conduct
☐ Other (please specify below):	
Explanation:	
Student Bank Details	
Bank Name:	
Account Name:	
BSB Number:	
Account Number:	
Bank Address:	
Student Declaration	
You are required to submit verifiable certificates, employer letters, or st	ble supporting documents with this refund application. Examples include: medical atutory declarations.
$\hfill\Box$ I declare the information provid	ed in this form is accurate.
$\square$ I have read and agree to the Ref	und Policy and Procedure.
$\square$ All supporting evidence is ethical	l and genuine.
$\square$ A statutory declaration is attach	ed (if applicable).
$\square$ I understand that incomplete or	inaccurate information may delay the processing of my refund.
☐ I understand refunds are assesse received.	ed and processed within 10 working days after all documentation has been
Signature:	Date:

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Blended Learning International | RTO Code: 110068

Email: info@blendedlearning.edu.au

Office Use Only – Refund Re	quest Decision
☐ Approved full refund – 100% of tu	ition fees (excluding non-refundable enrolment fees)
☐ Approved partial refund –%	of tuition fees (excluding non-refundable enrolment fees)
☐ Declined – No refund. Reason:	
Principal Signature:	Date:
Refund Calculation – To Be Co	mpleted by Finance Officer
Fee Type:	
Amount Received:	
Date Received:	
Approved Refund %:	
Refund Amount	
Tuition Fee	
Material Fee	
Other Fees:	
Less Bank Charges:	
Total Amount Received:	
Total Refund Payable:	
Refund Payment Record	
Paid Amount:	
Reference:	
Payment Date:	
Processed By:	
☐ Recorded on Student Managemer	nt System
☐ Funds transfer receipt and copy o	f form sent to student

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