

REFUND REQUEST FORM

Details	Refund Type	Tick
Student Name:	VISA Refusal:	
Student ID:	VISA Renewal Refusal:	
Date of Birth:	VISA Breach of Condition:	
Contact Number:	Withdrawal:	
Course Name:	Transfer:	
Course Code:	Cancellation:	
Course Intake:	Evidence Attached:	

Please detail in full, your reason for requesting a refund (Attach any supporting documentation)

Bank Details

International Bank Name:	
International Bank Account Number:	
SWIFT:	
Bank Address:	
Bank Country:	

Student acknowledgment

I understand that my request for a refund will be processed in accordance with Insight Academy Refund Policy. I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.

Student signature:		Date:	
---------------------------	--	--------------	--

Office use only			
Date received:		Received by:	
Request approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by:	
Date processed:		Processed by:	
Date of confirmation sent to student:		Refund Amount:	