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

Bank Name:	
Account Name:	
BSB:	
Account Number:	

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:	☐ Yes ☐ No	**Approved by:**	
Date processed:		**Processed by:**	
Date of confirmation sent to student:		**Refund Amount:**	