



REFUND APPLICATION FORM

Please submit your completed form to Le Rosey Hospitality Institute or forward to info@lerosey.edu.au
No refunds will be paid to a third party unless it is indicated at the time the refund application is lodged, that any refunds due are payable to a third party. According to our refund policy the Application/Enrolment fee is NOT refundable. Where a refund is approved, Le Rosey Hospitality Institute will make payment of refunds within 28 days of receipt of the *Refund Application Form*.

STUDENT DETAILS:

First Name:		Family Name:	
Student ID:		Date of Birth:	/ /
Contact Number:		E-mail:	
Address:			
Original Payment Method:	<input type="radio"/> Credit Card <input type="radio"/> Direct Deposit <input type="radio"/> Other: _____		Payment Date: / /
Reason for Refund:			

(If you require more space please attach a separate sheet. Please include independent, original or certified documentary evidence in your application (e.g. medical certificate))

REFUND PAYMENT DETAILS: Refund will be processed in Australian Dollars.

<input type="radio"/> I Agree for Le Rosey Hospitality Institute to refund to a third party other than my student personal account.	Requested Amount:	\$ _____
Refund Options:		
<input type="radio"/> Cheque / Draft:	Mailing Address (If different from above): _____	
<input type="radio"/> Direct Deposit into Bank Account:	BSB No: _____ Account No: _____ Account Name: _____ Bank Name: _____ Branch Address: _____ SWIFT Code (Overseas): _____	

(Le Rosey Hospitality Institute will NOT be held responsible if any of the following details are incorrect.)

STUDENT DECLARATION:

I have read the refund policy and understand the terms and conditions. I am aware of the academic and financial consequences of the above request and have sought appropriate advice on these matters. I understand and agree to be bound by the institution policies and deadlines for the processing of refunds. I declare that the information I have given on this application is correct and understand that by knowingly making false or misleading statements that I may be liable for prosecution. I also authorise the Le Rosey Hospitality Institute to gather and obtain any necessary information pertaining to this application.

I agree to the conditions of this Refund Application and declare that I am the person to whom this refund is to be paid.

Student Signature: _____ Date: ____/____/____



REFUND CALCULATION FOR:

Mr. / Ms. _____ Student ID: _____

Please be advised that your request for refund of tuition fees has been approved according to the following code.

Reason Code	Reasons
<input type="radio"/> VR	Visa refused
<input type="radio"/> WDA	Withdrawal notified in writing and received by Le Rosey Hospitality Institute 28 days or more prior to the course commencement
<input type="radio"/> WDB	Withdrawal notified in writing and received by Le Rosey Hospitality Institute less than 28 days prior to the course commencement and before the commencement date
<input type="radio"/> RSCA	Course cancelled or rescheduled by Le Rosey Hospitality Institute
<input type="radio"/> VRO	Visa refused but student can study online from offshore

REFUND CALCULATION TABLE

Tuition Fee paid:	(Label A)	Others Fee paid:	(Label B)
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Course Commencement date:	/ /	Withdrawal notification date:	/ /
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Days of notice provided in writing:	days
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Reason Code VR or RSCA: Refund 100% of the amount identified at Label A and other Refundable fees. <i>(Evidence that the student visa was refused or the course was rescheduled or cancelled by Le Rosey Hospitality Institute is required)</i>	Refund remitted \$
Reason Code WDA: Refund 70% of the amount identified at Label A and other Refundable fees	Refund remitted \$
Reason Code WDB: Refund 50% of the amount identified at Label A and other Refundable fees	Refund remitted \$
Reason Code WDC: No refund	No refund
Reason Code VRO: Refund of unused tuition fees and other Refundable fees (withdrawal must be requested prior to the agreed start date)	Refund remitted \$

FINANCE DEPARTMENT ONLY			
Prepared by:		Refund Amount:	\$
Authorised by:	Payment Processed by:	Date:	/ /