



GRANDFORD COLLEGE AUSTRALIA

RTO Code: 46358 | CRICOS Code: 04343M

Aspire Affiliate Achieve

Refund Request Form

Section 1: Student Details

Date			
Full name		Student ID	
Email contact			
Phone contact			
Course Title/Code			
Enrolment Start Date			
Current Status	<input type="checkbox"/> Enrolled <input type="checkbox"/> Withdrawn <input type="checkbox"/> Deferred <input type="checkbox"/> Cancelled		

Section 2: Reason For Request

Field	Response
Refund Type Requested	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other (specify)
Amount Requested (AUD)	
Original Payment Method	<input type="checkbox"/> Bank Transfer <input type="checkbox"/> Credit Card <input type="checkbox"/> Other
Bank Account for Refund (if applicable)	Name: _____ BSB: _____ Acc. No: _____

Section 3: Refund Details

- ☐ RTO course cancellation
- ☐ Visa refusal – Before commencement
- ☐ Visa refusal – After commencement
- ☐ Withdrawal ≥10 weeks before start
- ☐ Withdrawal 4–10 weeks before start
- ☐ Withdrawal <4 weeks before start
- ☐ Other (please explain): _____



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Section 4: Supporting Documents (Attach) Required if applicable

- ☐ Withdrawal Form ☐ Proof of Payment
- ☐ Visa Refusal Letter ☐ Other (please explain): _____
- ☐ Medical Certificate / Compassionate Grounds

Section 5: Student Declaration

I declare that the information provided above is true and correct. I understand that refunds will be processed according to the RTO's Fees & Refund Policy and may take up to 20 business days. I also understand that submission does not guarantee approval and appeal options are available.

Student Signature	
Date	___ / ___ / 20___

Section 6: Office Use Only

Checklist	Notes
<input type="checkbox"/> Application Received	Date: ___ / ___ / 20___
<input type="checkbox"/> Supporting Docs Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Logged in Refund Register	By: _____
<input type="checkbox"/> Eligibility Reviewed by Compliance	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> CEO Authorisation	Name: _____
<input type="checkbox"/> Refund Processed	Amount: \$_____ Date: _____
<input type="checkbox"/> Outcome Notified	Date: _____
<input type="checkbox"/> Appeal Lodged (if applicable)	Date: _____

Please submit this form to Student Services Officer in campus or email to info@grandford.edu.au