

USQ Sydney Education Centre
in association with Canterbury Institute of Technology

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USQ APPROVED COURSE PROVIDER

CRICOS Provider Code: NSW 02225M

REFUND REQUEST FORM

Student No. _____ Date: _____

Student Name: _____

Email Address: _____

Mobile no: _____ Landline: _____

Current Address: _____
(Mandatory)

Course attending: _____

Reason for Refund Request: _____

Bank Details:
Overseas Bank

Bank Name: _____

Bank Address: _____

Branch: _____

A/c Name: _____

A/c Type: _____

A/c No: _____

Swift Code: _____

Australian Bank

Bank Name: _____

Bank Address: _____

Branch: _____

A/c Name: _____

A/c Type: _____

BSB: _____

A/c No: _____

Student Signature

Please find information regarding the USQ refund policies at:
<https://policy.usq.edu.au/policy/files/refund%20of%20student%20fees.htm>

For Office Use: Name of approving person: _____ / Signature _____

Refund Request: Approved Denied