



Student Course Withdrawal Refund Request Form

Please submit your completed form either in person at Kingsway Institute Administration Office, Or Kingsway Institute, Level 1,110 Bathurst Street.

By Fax to: +61 2 9283 7588, for the attention of Financials Department.

Please direct all refund enquiry to: enquiry@kway.nsw.edu.au

Please Note: Refund process may take up to **28 working days** from submission of this form, inaccuracy documents may incur refund process delay.

Section 1: Personal Detail:			
Kingsway Student ID: KWI000 _ _ _ _	Title: Ms/Miss/Mrs/Mr/		
Family Name:	Given Name(s):		
Date of Birth:	Contact Phone Number:		
Email Address			
Address:			
Section 2: Details about the course withdrawal			
I would like to withdraw from this course as from:			
<input type="checkbox"/> The end of the current teaching period, Or			
<input type="checkbox"/> The date this document was lodged			
Have you attended any classes during this teaching period?	YES	NO	
Please indicate the reason for withdrawing from the course (*Relevant Supporting documents required)			
<input type="checkbox"/> Too far behind in studies	<input type="checkbox"/> Inadequate support services		
<input type="checkbox"/> Loss of interest in the course	<input type="checkbox"/> Family problems		
<input type="checkbox"/> Low academic results	<input type="checkbox"/> Personal problems		
<input type="checkbox"/> Transfer to another provider	<input type="checkbox"/> Obtained employment		
<input type="checkbox"/> Housing difficulties	<input type="checkbox"/> Health issues		
<input type="checkbox"/> Visa reject – Refund	<input type="checkbox"/> Other -		
Important Information			
<i>It is strongly recommended that you discuss your options with Kingsway Institute Student Services Staff as this decision is likely to have consequences for your visa.</i>			
Declaration			
<i>I understand that I will forfeit my place in this course if I withdraw and will need to apply for re-admission if I wish to continue my studies at a later date. I understand I will not be entitled to a refund of fees paid to Kingsway Institute if this withdrawal form is lodged after the relevant census date. I authorise Kingsway Institute to withdraw me from all studies at the Institution effective from the date specified above.</i>			
<i>I agree to the condition of this refund and declare that I am the person to whom this refund is to be paid.</i>			
Signature:		Date	
Section 3: Refund Option			
<input type="checkbox"/> Cheque/Draft – Post Address if different from above address:			
<input type="checkbox"/> Direct Deposit into Bank Account (funds Transfer). Note: Overseas Account Transfer may take up to 4 weeks			
BSB No.		Bank Name:	
Account No:		Branch Address:	
Account Name:		Swift Code: (Overseas)	
Office Used Only			
Date received by Kingsway Institute:			
Account Balance:	Administration fee:	Refund amount:	
Prepared by:	Authorised by:	Refund Date:	