

① ABOUT THIS FORM

This form has been issued by the Australian Institute of Health and Business Management Pty Ltd (AIHBM) to facilitate a formal request for the refund of student fees. It applies in situations where a student's enrolment in the offered qualification is terminated prematurely or where AIHBM is unable to provide the agreed services.

Students are required to thoroughly review and understand AIHBM's Refund Policy and Procedures before submitting this form. Detailed information regarding fee refunds is provided in the Student Letter of Offer and Agreement, the Student Handbook, and during Orientation sessions.

👤 STUDENT DETAILS

Full Name:

Student ID:

Email Address:

Mobile Number:

Address:

🎓 ENROLMENT DETAILS

Course(s)
Enrolled:

01.

02.

03.

Course Duration:

Start Date:

End Date:

📋 REASON(S) FOR REFUND REQUEST

- Visa not granted (Visa Refusal Letter from the Department of Home Affairs required)
- Medical (Letter from a General Practitioner or Specialist required)
- Transfer (Copy of new offer letter required)
- Leave (Relevant supporting documents required)
- Others (Please specify):

FEE REFUND REQUEST FORM

Australian Institute of Health and Business Management Pty Ltd
 RTO Code 32314 | ABN 69 080 231 213 | ACN 144 840 246
 Phone: 1800 024 426 | Email: admissions@aihbm.edu.au
 Address: Suite 4, Level 3 41-45 Rickard Rd, BANKSTOWN, NSW 2200



REFUND PAYMENT DETAILS (ELECTRONIC TRANSFER ONLY)

Bank Name:

Account Holder Name:

BSB:

Account Number:

SWIFT Code:



STUDENT DECLARATION

I declare that the information and documents I have provided are true and correct. I authorise the Australian Institute of Health and Business Management Pty Ltd (AIHBM) to verify any details with relevant parties if required.

Student Signature:

Date:



CEO / GENERAL MANAGER OR AUTHORISED DELEGATE APPROVAL

Name of Authorised Person:

Designation:

Outcome of Fee Refund Request:

Reason for Decision:

Signature:

Date:



FOR ADMIN USE

Application Received Date:

Admin Officer Name:

Refund Letter Email Date:

Email Received By:

PRISMS Update Date:

PRISMS Updated By:

Axcelerate Update Date:

Axcelerate Updated By:

Student File Update Date:

Student File Updated By: