



Melbourne College of Hair & Beauty
teaching excellence since 1962

Ver 3.1 June 2024

Refund Application Form

If your contact details have changed since you lodged your application, please provide new details and send it to MCOHB in person at reception or via email to reception@mcohb.edu.au otherwise we may not be able to contact you with important information.

Note: Refund application must be made by completing a Refund Application form and sending it to the Finance Department of MCOHB. The refund application form must be submitted to either reception or by email to finance@mcohb.edu.au attention Finance Department.

Whether the student is entitled to a refund or not, they will receive written notification of the outcome, which will include an explanation of how the refund was calculated within 20 working days of receipt of the refund application. The refund will be paid to the student or another person nominated in writing by the student. If a credit card is used to make payment(s), MCOHB will refund the amount back to the credit card used for the payment(s). Where an application is withdrawn or cancelled, an approved Cancellation Form must be provided with the refund application form. Any refunds listed in the table below are minus the non-refundable administration fee of \$350, payable at course commencement. This fee is mandatory and covers all administration required for enrolment.

DOMESTIC STUDENT INTERNATIONAL STUDENT

Applicant Details

Student ID Number (if issued):

Date of Birth:

Family Name (as per enrolment registration):

Given Name (as per enrolment registration):

mobile phone:

student email:

Unique Student Identification (USI) Number (if issued):

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N.B If we do not have your USI we can not process your request form

Melbourne College of Hair and Beauty
Level 1, 1 Star Crescent, Docklands, VIC, 3008
Ph: +61 3 8637 0354
RTO No: 21943 — CRICOS: 02886G

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Tuition Fees Refund Details

Course code:

Course title:

Course start date:

What is the reason / circumstance for seeking a refund?

- Course cancelled or rescheduled by MCOHB (provider default)
- Family/Personal/Financial Reasons
- Failure to meet English Requirement
- Medical Reasons
- Other compassionate and compelling circumstances or medical reasons (Please specify):
- Refused student visa
- Student Withdrawal
- Transfer Study to another registered provider

Has the course already been commenced?

YES

NO

Course commencement date:

METHOD OF REFUND Please choose one of the following options

- Direct deposit to bank account - Australian bank account**

Account Name:

Account Number:

BSB:

Bank Name:

Branch address where account is held:

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Overseas Bank Transfer - overseas bank account

Account Holder's Name:

Account Holder's Address:

Account Number:

IBAN:

SWIFTCODE:

Bank Name:

Bank Address:

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The refund will be paid to the student or another person nominated only when confirmed by the student in writing on this form. Any variations to the information on the form will require additional written consent from the student.

Student declaration:

- I have read and fully understood the Refund Policy.
- I understand that completing this form does not guarantee a refund.
- I authorise MCOHB to pay my refund to the nominated Bank Account / Credit Card as specified in this form. I understand that the accuracy and legibility of the provided banking details is my sole responsibility.
- I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the application.

Student signature:

Date of application:

Office use: (refund calculation form to be attached to request form) N.B request MUST be approved by the Director of Studies or their delegate before education agent is notified and submission to the finance dept. for refund calculation.

Approved: YES NO

Director of Studies/delegate signature:

Date:

Printed Name:

Date request received:

Received by: **(MCOHB staff name)**

MCOHB staff member position:

Finance:

Amount to be refunded:

Refund date:

Students' education agent notified: YES NO

If Yes: Date notified:

Method education agent notified:

Letter

email

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