International Student Refund Request Form B



Current students holding a Student Visa

Please ensure that your student account is in credit and that you are eligible for a refund when submitting this form. Continuing students with a credit balance are encouraged to offset this amount against their fees in the next semester.

Please return both pages of your form to: usq.support@usq.edu.au

Student Number				oplication Number			Date of Birt	h	
First Name					Last Name				
Email Address						R	efund Amount	AUD	
Signature				_	nature not red registered en	•	- 1)	ate	
REASON FOR	RFFII	ND: Please provid	e detailed reas	onina to su	nnort vour	request			
Approved WWP		Dropped Co			proved Red	•	y Load		Excess Funds
Other (Please specify)									
, ,	* If fe nternati	lease complete es were paid by o onal bank transfe rmation please re	credit card, ref r refunds will l	funds MUS ⁻ be returned	Γ be returnd to the stu	ned to the udent's ho	originating cre me country as	edit card per US	Q's Refund Policy.
TT (INTERNA		AL BANK TRANS se supply applicable							l bank draft.
Bank Name					Branch Na	ame			
Bank Street Address	Street City			State			Country		
Account Holder Name					Accour Numbe				
SWIFT / BIC Code			IFSC Code				MICR Code		
SORT Code			IBAN Number				Routing / Transit Code		
CNAPS Code			Malaysian Nat Passport N					referred	
Account Holder's Overseas Street Address	Street			State			Country		
Requireme	nts hv	India: IFSC, SW	IFT & MICD C	hina: SWII	ET & CNADO	IIV. G	SWIFT, IBAN &	SOPT	Other: SWIFT
Country	-	,							
соинсту:		USA: SWIFT & R	outing N	l epal: SWII	FT	Malay	/sia: SWIFT & I	Nationa	I ID

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International Student Refund Request Form B



Continued

	er		B. J. N.		
Name			Bank Name		
BSB		Acco	ount Number		
CREDIT C	ARD: Please select from to	he following options.			
		e through my Student Centre redited back against the originating o		ot required to provide any	further details.
		rson or over the phone redited back against the originating cls.	redit card - USO Finar	ncial Services staff will cont	tact you to obtain
USQ collects portions of the collects of the c	lment, assessment and associ ion Service Director and Secre legislative requirements. Perso	ENT: he University in providing tertiary editated USQ services. The information interpretary pursuant to obligations under the onal information will not be disclosed un for your studies, without your cons	may be made available ne Education Services to third parties other	e to Commonwealth and S for Overseas Student Act . than a USQ approved age.	tate agencies and the 2000 and National
A = = = = = = = = = = = = = = = = = = =		STUDENT ADMINISTRA	TION USE ONLY	/ :	
Approv	2a				
Sign		rademic Support	Name (Print or Stan	nn)	Date
Signa	nture - Director, Student and Ac		Name (Print or Star		Date
Sign	nture - Director, Student and Ac	ademic Support approved in accordance with the <i>Ref</i> i			Date
Signa	nture - Director, Student and Ac		und of Student Fees P		Date
Signa Request SR	Refund request a	approved in accordance with the Ref	und of Student Fees P		Date
Request	Refund request a	FINANCE U SF Approved	und of Student Fees P	SF Processed	Date
Request ID	Refund request a	FINANCE U SF Approved Financial Delega	und of Student Fees P	SF Processed	
Request ID SR	Refund request a	FINANCE U SF Approved Financial Delega	und of Student Fees P	SF Processed	
Request ID SR Accounts Refund Amount Refund	Refund request a	FINANCE U SF Approved Financial Delegations: QI / Receipt	und of Student Fees P	SF Processed Accounts Reco	
Request ID SR Accounts Refund Amount Refund Amount Refund Amount Refund	# Receivable to Process JD	FINANCE U SF Approved Financial Delegation QI / Receipt Number QI / Receipt	und of Student Fees P	SF Processed Accounts Reco Original Payment Date Original Payment	

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PS Processed

Accounts Payable Initial & Date

Voucher Number

Refund

Amount