



## PYP Application for Request of Refund

**Important:** Please allow two weeks for the refund to be processed (from the day of submission).

Student to complete, scan and email this form to [finance@qiba.edu.au](mailto:finance@qiba.edu.au)

Personal Details			
Family Name			
Given Name/s			
Course start date		City or State	
Email address			

Reason for Refund

Bank Details			
Bank name		Account name	
Bank BSB		Account number	
Student signature		Date	

Office Use Only

Intake Code: \_\_\_\_\_

Amount of fees paid: \_\_\_\_\_ Amount to be refunded: \_\_\_\_\_

**I confirm the above mentioned student is entitled to this refund.**

**Manager Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_