

Sydney Institute of Interpreting and Translating

Address: Level 5, 841 George Street, Sydney NSW 2000 Australia
Level 4, 344 Queen Street, Brisbane, QLD 4000 Australia
Level 4, 341 Queen Street, Melbourne, VIC, 3000 Australia
Tel: 61 1300 769 588 Fax: 61 2 8958 0655 E-mail: info@siit.nsw.edu.au
Postal Address: PO Box K1, Haymarket NSW 1240 ABN: 30 128 128 503

Refund Request Form

Please refer to SIIT Refund Policy and Procedure for further details via SIIT website: www.siit.nsw.edu.au.

Student Details									
Student's Name:			Student ID:						
Passport Details:	Country:	Passport No:	Date of Birth:	Date of Birth:					
Contact Details in Australia									
Address:									
Email Address:			Phone No:						
Course Details									
Course Name:									
Date of Commencement:									
Have you been enrolled with SIIT for more than 6 months (please circle): Yes No									
Reason for Refund:									
Bank Details:									
Bank:	BSB No.:								
Account Name:	Account No.:								
Student Declaration:									
I hereby declare that all the information and documents provided are true and genuine. I have been informed of the SIIT Refund Policy before/on Orientation Day and I am aware of the procedure. If the student applies for deferral in line with SIIT Deferral Policy (and the deferral has been approved), the refund policy applies from the Original Date of Enrolment, Not the Deferred DATE.									
Documents attached:									
1		2							
3		4							
	Student's Signa	ture:	Date:						



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Office Use Only:									
Received by:	(SIIT Officer's Signature)					Date:			
Approved by CEO/Course Coordinator/Finance Manager? Yes No						Approved by:			
Reason									
Was the stude	nt notified of the outcome via e								
All relevant documents are filed in the student personal file? Yes No									
Student Management Database updated? Yes No									
Notified DET a	nd DIBP via PRISMS?	N/A	Yes	No					
Signature		Date							
Any other comments:									