



Howayek Blessings Limited trading as
SAINT MAROUN'S COLLEGE

194 Wardell Road, Marrickville NSW 2204; Tel (02) 9559 2434
Email: info@stmarouns.nsw.edu.au Web: www.stmarouns.nsw.edu.au
ABN: 34635357087 CRICOS: 03814D

Thursday, 23 September 2021

INSTRUCTIONS

- Please read the **St. Maroun's College Refund Policy for International Students** to determine your eligibility before filling in this form.
- Ensure that all sections of this form are complete, supporting documentation is attached, contact details have been supplied, and that you have signed the form. Incomplete forms will NOT be processed.
- The usual processing time for a refund payment is within four (4) weeks from the date the request was received.

STUDENT DETAILS

Title:	Family Name:
First Name:	Australian Address:
Suburb: State: Postcode:	Email:
Home Phone Number:	Mobile Phone Number:

COURSE DETAILS

Current/future enrolment :

- Primary School (K-6) Junior Secondary School (YR 7 -10) Senior Secondary School (YR 11 & 12)

Course Start Date:	College Fees Paid: AUD\$
Course End Date:	Date Of Payment:

REASON FOR THE REQUEST

Please indicate your reason for withdrawing. ()

- Health reasons/illness ***Attach Evidence**
- Financial difficulties
- Personal/family issues ***Attach Evidence**
- Course no longer offered
- Overpayment

Have not met conditional requirements

- English Proficiency
- Academic
- Deferment not approved
- Visa Refusal ***Attach Evidence**

Transfer to another Provider: ***Attach Evidence**

- Competitive tuition fee
- Course change
- More convenient location
- Other

BANK DETAILS

Refund into an Australian Bank Account – Electronic funds transfer (EFT)	
Refund Amount: \$	
Account Name:	
Name of Bank:	
Branch:	
BSB number:	Account number:

REQUEST CONFIRMATION

I declare that the information provided on this form is true and complete and that it is my responsibility to provide all necessary documentation to support my request for refund. I agree and have read and understood the St. Maroun's College Refund Policy for International Students. I hereby request a refund of student fees paid excluding the administration fee which is non-refundable.

Parent / Guardian Name: [Click or tap here to enter text.](#)

Parent / Guardian Contact Number: [Click or tap here to enter text.](#)

Parent / Guardian Email: [Click or tap here to enter text.](#)

Parent / Guardian Signature: _____ Date: [Click or tap to enter a date.](#)

OFFICE USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> Refund approved by International Student Coordinator: Choose an item.
Payment amount total: AUD\$ Click or tap here to enter text. | Date: Click or tap to enter a date.
No. Weeks refunded: Choose an item. |
| <input type="checkbox"/> Refund request approved by Principal: | Date: Click or tap to enter a date. |
| <input type="checkbox"/> Payment Process and Authorisations by Office Administrator: | Click or tap to enter a date. Date: |