

CANCELLATION REOUEST FORM

In accordance with the ESOS Act 2000 and the National Code Language Links College is legally obliged to notify any changes to an international student's enrolment status. Please complete this form if you wish to CANCEL your course or service provided by Language Links.

Please request a copy of our Cancellation policy when completing this form, alternatively you can view this on our website www.languagelinks.wa.edu.au for detailed information

Student Name:

ID No.

Class/Course:______ Day/Evening (Please Circle) Date of Cancellation Request ____/____/

Reason for Cancellation – Please provide relevant supporting documentation (e.g. visa letter, flight ticket, etc):

REQUEST TYPE AND PAYMENT DETAILS

Course Cancellation - Expected Last Day of Studies: (___/___)

Homestay Cancellation - Expected Last Day in The Accommodation: (____/____)

Other: _____

Payment Details (If a Refund is Applicable): Payments will be made between 2 - 4 weeks after request is received. Form of payment from Language Links:

Cash (Only for refunds under \$200.00, or in exceptional circumstances):

Amount:

Student signature required upon payment: ______

I would like the refund to be paid directly to my Representative / Agent.

U would like the funds to be paid directly to my personal account in Australia. (Please fill out details below):

I would like the funds to be paid directly to my personal account overseas or to a third-party account. (Please fill out details below): NOTE: \$20.00 BANK FEE IS DEDUCTED FROM ALL OVERSEAS ACCOUNT TRANSFERS.

Account Name:		
Bank Name:		
BSB Branch Number:		
Account Number:		
Beneficiary Name:		
Bank Address: SWIFT code: Note: If all required information is not supplied correctly, this may cause delays in processing the		
	Student Signature:	

 OFFICE USE ONLY

 Supporting evidence provided:
 Medical certificate
 Flight details
 Refusal Letter.....
 N/A

 Cancellation Approved: YES
 NO
 Outstanding fees
 YES
 NO
 N/A

 Response letter issued to student: YES
 NO
 Changes reported in PRISMS: YES
 NO
 Image: NO

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Student Declaration:						
I,acknowledge that I have read and understood the Cancellation Refund Policy, and I hereby accept to be bound by this Agreement, and consent to have my refund (if applicable) paid into the nominated account above.						
I understand that Cancellations, Refunds and Release Letters are processed at the college's discretion and the college reserves the right to ensure that all cases are genuine. This written agreement, and the right to make complaints and seek appeals of decisions and action under various processes, does not affect the rights of the student to take action under the Australian Consumer Law if the Australian Consumer Law applies. If you are unhappy and would like to appeal the decision made by Language Links, please refer to the 'Complaints and Appeals Policy' in the 'Student Handbook' or 'Language Links website'.						
Signature of Student:						
FOR APPLICANTS UNDER THE AGE OF 18						
Name of Parent/Guardian:						
Contact Number: Address:						
Signature of Parent/ Guardian: Date: / (DD / MM / YYYY)						

Language Links College will notify you in writing within seven days after receiving the completed form and relevant documentation of the College's decision. If you are unhappy and would like to appeal the decision made by Language Links, **please refer to the** 'Complaints and Appeals Policy' in the 'Student Handbook' or 'Language Links website'.

OFFICE USE ONLY					
Date:	Refund Granted:	Yes/No	Amount to be refunded:		
Authorised by: Signature:					
Comments:					

Administrative Checklist:

- Course cancelled/shortened in eBECAS
- Diary note created
- Entered into 'Student Refund Register' (if applicable)
- B Remaining fees written off (if applicable) and entered in 'Credit Write Off Register'
- □ 'Debtors Report' updated (if applicable)
- Cancellation documents uploaded to eBECAS
- DOS / Academic Staff notified (if applicable)
- Given Cancellation / Refund Statement' sent to Student / Agent

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