



Refund Application Form

Student Name:		Student ID:	
Mobile/Phone		Email address	
Course:			
Date of Withdrawal:			

Enrolment status	Please tick box
I have commenced my course	<input type="checkbox"/>
I have not commenced my course	<input type="checkbox"/>
I currently owe fees and want them reconsidered	<input type="checkbox"/>

Reason for refund request
Evidence provided:

Payment detail:			
Tuition fee paid		Enrolment fee paid:	
Application fee Paid		Material fee paid:	
TOTAL PAID:		Payment Date:	

Bank Details			
Account Name:		Bank Name:	
BSB:		Account Number:	

Student Signature:	
Printed Name:	
Date:	

Refund Application Form



*****OFFICE USE ONLY *****

Student name and number	
Total granted refund amount:	
Refund policy:	
Processed by:	
Manager Signature:	
Printed Name:	
Date:	