

Request for Refund Form

Note refund application must be made within 4 weeks of commencement.

Student's Name:

Student Number

Address:

Post Code: Phone No:

Name of Course or Qualification:

Course Code:

Date of course commencement:

Date of Withdrawal:

Fees Charged:

Amount Paid to Date:

Payment method: Cash/ EFTPOS debit/ Credit card.

Receipt attached: Yes/No

Refund Amount requested: (note material fee is not refundable):

Reason for Requesting Refund (Tick the appropriate box):

- Course was cancelled
- Change of timetable
- Other(specify) _____

Refund payment

Cash/EFTPOS debit/Credit card refund. (Circle as appropriate)

Amount _____

Student's name _____

Student signature _____

Refund Approved/ Rejected (circle as appropriate)

Authorised Staff Member's Name (print) _____

Signature _____ Date: _____

