

Refund Application Form



Student Name:		Student ID:	
Course:			
Workplace (if trainee or apprentice):			
Date of Withdrawal:			

Enrolment status	Please tick box
I have commenced my course	
I have not commenced my course	
I currently owe fees and want them reconsidered	

Reason for refund request

Account Full Name			
Financial Institution Name			
BSB:		Account Number:	

Student Signature:	
Printed Name:	
Date:	

Processed by:	
Signature:	
Printed Name:	
Date:	