

Refund Application Form

By filing in this form, you are applying for a part or full refund of fees. Each refund request is looked at on an independent basis. A response will be issued to you within 10 business days and if successful, a refund will be made as per the refund policy and depending on the circumstances

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

Write Refund Reason:	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"/>

Account Details where fund will return	
Account Name	
Account Holder Address	
Bank Name	
Branch Name (or BSB)	
Account Number	
SWIFTCODE	
Intermediary Bank	
Destination Country	

Student Signature:	
Printed Name and Date:	

Processed by:	
Manager Signature:	
Printed Name:	
Date:	