

REFUND REQUEST FORM

By filing in this form you are requesting to apply for a refund of fees in part or full.

Each refund request is looked at on an independent basis. This form must be lodged to the CEO or in their absence the Administrator within the time frame relevant to the particular refund request as outlined in the refund policy.

A response will be issued to you within 10 business days and if successful a refund will be made by Cash/EFT as per the refund policy depending on the circumstances.

Please let us know if you have changed your contact details or postal address recently

Date: _____

Name: _____

Contact Numbers: _____

Course Enrolled in: _____

Contact Address: _____

Please detail in full, your reason for requesting a refund.

Payment Method Preferred:

- Cash
 EFT Transfer

BSB	_____
Acc. No	_____
Acc. Name	_____
Acc. Bank	_____

Signature: _____

WE WILL BE IN CONTACT WITHIN 10 BUSINESS DAYS, THANK YOU

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OFFICE USE ONLY

Refund Request Form

Received by: _____ Refund Number Issued: _____

Date: _____ Campus Manager Signature: _____

Outcome: _____

Date if Refund issued: _____ Amount: _____

Accounts Officer Signature: _____