



Refund Application Form

Student Name:		Student ID:	
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
Bank Details: Please provide us your nominated bank account details to process your refund
Account Name:
BSB: Account Number:

Student Signature:	
Printed Name:	
Date:	

Processed by:	
Signature:	
Printed Name:	
Date:	