



# Request for Refund Form

STUDENT DETAILS	
Family Name:	
Given Name/s:	
Student ID:	Date of Birth: DD / MM / YYYY
Course	
Email Address:	
Address in Australia:	
	Suburb: Post Code
Home Telephone:	
Mobile Number:	
Submission Date:	
<p>I wish to request a refund for the following reason:</p>  <p>(please supply supporting evidence for your claim for refund and attach to this application)</p>	
<p>The course fees were: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>The receipt number was: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>The date paid was: DD / MM / YYYY</p>	

OFFICE USE ONLY			
Supporting evidence was supplied:	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 50px; text-align: center;">YES</td> <td style="width: 50px; text-align: center;">NO</td> </tr> </table> <p style="margin-left: 100px;">AMOUNT REQUESTED: \$.....</p> <p style="margin-left: 100px;"><i>(finance to validate student records and amount of refund requested)</i></p>	YES	NO
YES	NO		
Approved:	YES		
Not Approved:	NO		
Reason:			
Finance Manager Signature:			
Training and Quality Manager Signature:			
CEO Signature:			