

## **Refund Form**

Student details	Name		Surname	
Contact Number				
Email address				
Course Name				
Reason Refund				
☐ Enrolment cancelled prior to course commencement				
□ Course Cancelled by the Institute				
☐ Failed to commence				
Other (attach documentary evidence)				
Detail why a refund is being requested:				
Payment Details				
BSB				
Account Number				
Account Name				
Declaration				
I hereby apply for a refund of fees paid and acknowledge that this refund application will				
be processed in accordance with the Refund Policy, which I have read and understood.				
Signature	Signature Date			
Office Use Only				
Refund	efund			
Approved		Retund NO	Refund NOT Approved	
Refund Approved by		Date		
Total Amount of refund				