



Refund Application Form

Student Name:		Student ID:	
Course:			
Date of Request:			

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

Payment Summary	
Deposit Account: Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits:	
Account Name:	
BSB:	Ac No:
I authorise refunded amounts to be deposited into the above nominated account.	
Sign:	Date:
CEO/ PEO Decision	
Name:	
Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Reason for decision:	
Sign:	Date: