



Refund Application Form

RTO Code: 31915
 CRICOS Code: 03320D
 T: 1300 827 188

Student Name:	
Student ID	
USI	
Course Code and Name	
Workplace (if trainee or apprentice):	
Proposed Start Date	
Date of Withdrawal:	

Refund reason			
<hr/> <hr/> <hr/> <hr/>			
Please tick all that apply	✓		
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"/>		
Student Signature:	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; text-align: center;">Date: ____/____/____</td> </tr> </table>		Date: ____/____/____
	Date: ____/____/____		
Printed Name:			

Nominated Bank Details:	
Bank Name	
Account holder name	
Account No	
Swift no	
BSB (if applicable)	

OFFICE USE ONLY	Processed by	
	Position	
	Signature	
	Date:	____/____/____