

Refund Request Form

By filling in this form you are requesting to apply for a refund of course fees in part or in full.

Each refund request is looked at on an independent basis. This form must be lodged to the CEO, or in their absence the Administrator, within the time frame relevant to the particular refund request as outlined in the refund policy.

A response will be issued to you within 4 weeks after the claim has been received and if successful a refund will be made as per the refund policy depending on the circumstances.

Date: _____

Name: _____

Contact Numbers: _____

Course Enrolled in: _____

Contact Address: _____

Please detail in full, your reason for requesting a refund.

Students Signature: _____

You will be advised within four weeks, thank you

OFFICE USE ONLY

Received by: _____ Refund Number Issued: _____

Date: _____ Authorised by: _____

Outcome: _____

Date if Refund issued: _____ Amount: _____