

Request for Refund Form

STUDENT DETAILS				
Family Name:		Given Name/s:		
Student ID:		Date of Birth: / /		
Course		Email Address:		
Address in Australia:				
	Suburb:	Post Code:		
Home Telephone:		Mobile Number:		
Submission Date:		,		
I wish to request a refund for the following reason:				
(please supply supporting ev	vidence for you claim fo	r refund and attach to this application)		
The course fees were: The receipt number was:				
The date paid was:				
OFFICE USE ONLY				
Supporting evidence was supplied:	YES NO	AMOUNT REQUESTED: \$		
	(finance to validat	(finance to validate student records and amount of refund requested)		
Approved/ Not Approved:	YES/ NO			
Reason:				
Accountant Signature:				
RTO Manager Signature:				
CEO Signature:				

i	Request for Refund Form	Issue Date: 01 January 2017	Review Date: 01 January 2019		
	Developed By: RTO Manager	Authorized By: CEO	Version: 1.0		
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