WITHDRAWAL AND REFUND APPLICATION FORM

PERSONAL INFORMATION			
Enter your full name			
Surname:			
Given names:			
Enter your birth date	Day/month/year: _____ / _____ / _____		
Gender	☐ Male ☐ Female ☐ Other		
Student Details			
Student ID:		Course Code:	
Mobile:		Course Name:	
Email Address:			

REFUND TYPE	
Tick one option below	**Date From (DD/MM/YYYY):**
☐ Deferral of Course (Prior to Course Commencement)	_____ / _____ / _____
☐ Suspension of Course (During the current enrolment)	_____ / _____ / _____
☐ Cancellation of Course (Terminate enrolment permanently)	_____ / _____ / _____

REASON FOR REQUEST

Reason for Request	**Evidence Required**
☐ Serious medical illness or injury	Medical certificate / hospitalisation records stating inability to attend classes
☐ Bereavement of close family members (Example – Parents or Grandparents)	Death certificate, if possible or other evidence, such as hospitalisation records, police records
☐ Transferring to a course with another education provider*	Letter of Offer from proposed new provider
☐ Other reasons. Please provide details below (Evidence may be required in support of request):	

* Do you require a release letter? ☐ No ☐ Yes
(If yes, please submit a separate statement outlining your reasons for seeking to change providers together with any relevant supporting documentation)

BANK ACCOUNT DETAILS

Account Name:	
Bank Name:	
BSB Number:	
Account Number:	

PLEASE READ AND SIGN

By Signing below, I confirm that:

1. I have provided accurate and complete information
2. I acknowledge and understand that the provision of incorrect information may lead to cancellation of my enrolment and partial or no refund.

Student Signature:		Date:	
Print Name:			

FOR OFFICE USE ONLY

APPLICATION ASSESSMENT			
Application Approved?	☐ Yes ☐ No		
Give Reasons:			
Authorise Officer Signature:		Date:	
Title and Print Name:			

ADMINISTRATION			
Student Notified of application outcome	☐ Yes ☐ No	Date:	
Student's LMS Account Deactivated	☐ Yes	Date:	
Student Management System updated	☐ Yes	Date:	
Signature:		Date:	
Print Name:			