

Refund Application Form

Student Name:			Student ID:		
Course:					
Workplace (if trainee or apprentice):					
Date of Withdrawal:					
Enrolment status					Please tick box
I have commenced my course					
I have not commenced my course					
I currently owe fees and want them reconsidered					
Reason for refund request					
Student Signature:					
Printed Name:					
Date:					
Processed by:					
Signature:					
Printed Name:					
Date:					