WITHDRAWAL AND APPLICATION FOR REFUND
(Processed within 4 weeks after claim has been received. In the case of Provider Default the refund will be processed within 2 weeks)

STUDENT DETAILS

Given name: _____ Family name: _____

Student ID: _____ Date of Birth: _____/_____/_____

Local current address: _____

Suburb: _____ State: _____ Postcode: _____

Email address: _____ Phone number: _____

COURSE DETAILS

What course or courses you are applying to withdraw from and requesting a refund for:

_____

_____

REASON FOR WITHDRAWAL AND APPLICATION FOR REFUND

☐ Family problems ☐ Transferring to another RTO (college) ☐ Cancelling enrolment

Please elaborate on your circumstances.

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If you are leaving, when do you intend to leave Australia? _____

Student signature: _____ Date: _____/_____/_____

Office Use Only

Evidence Given: Yes ☐ No ☐ Type of documents: _____

Refund approved ☐ Refund not approved ☐ No refund necessary ☐

Amount refunded: $_____AUD Date refunded: _____/_____/_____ Method:_____

Comments:

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CEO's signature:_____ Date: _____/_____/_____