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:	