

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	<input type="checkbox"/>
I have not commenced my course	<input type="checkbox"/>
I currently owe fees and want them reconsidered	<input type="checkbox"/>

Reason for refund request

Student Signature:	
Printed Name:	
Date:	

Processed by:	
Chief Executive Officer Signature:	
Printed Name:	
Date:	