



This form must be used to apply for a refund. Please complete this form, and return it to our office either by post or in person

Student Name:	Date:	/ /
Student ID:	Course undertaking:	
Refund Reason (Please Tick One)		
<input type="checkbox"/> W10 - Withdrawal more than 10 weeks prior to course or semester commencement (Full Refund)		
<input type="checkbox"/> W4 - Withdrawal 4 to 10 weeks prior to course or semester commencement (80% Refund)		
<input type="checkbox"/> W0 - Withdrawal less than 4 weeks prior to course or semester commencement (70% Refund)		
<input type="checkbox"/> WA - Withdrawals after the course or semester commences (No Refund on Current Semester Fee)		
<input type="checkbox"/> CAN - Course cancelled or rescheduled by RTO (Full Refund)		

Please state why you wish to apply for a refund (Don't forget to provide evidence to back your claim) ..

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Student signature **Date**

Office Use Only

Refund Outcome Comments:

Evidence for Refund Request Attached

PLEASE ATTACH THIS REFUND APPLICATION TO THE TO REFUND CALCULATION FORM