



REFUND APPLICATION FORM

| | | | |
|---------------------------------------|--|---------------|--|
| Student Name: | | Student ID: | |
| USI | | Delivery Mode | |
| Course Code and Name | | | |
| Workplace (if trainee or apprentice): | | | |
| Date of Withdrawal: | | | |

| Refund reason | 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"/> |
| Other reason/s | |

| | |
|--------------------|--|
| Student Signature: | |
| Printed Name: | |
| Date: | |



| | |
|---------------------|--|
| Processed by: | |
| Training Signature: | |
| Printed Name: | |
| Date: | |