



*Student Informa	ntion						
First Name			Last Name				
Student ID			D.O.B	/ /			
Gender	Male Female	Others	Contact No				
Email Address							
Postal Address							
Suburb	3	State		Post Code			
Course Details -	Mention the course/s you are	e applvina t	to withdraw fro	om and requesting refund			
Reason for Withdrawal and Application for Refund							
☐ Family Problems ☐ Transferring to another RTO ☐ Canceling Enrolment ☐ Others							
Please elaborate on your circumstances:							





When do you intend to leave Australia?							
To Process Refund, please fill in the following details:							
Bank Name	A	Account Name					
BSB	A	ccount No					
SWIFTCODE	Bi	ranch Code					
Branch Address							
Amount Paid	5	Date Paid					
Student Acknowledgement							
Signature		Date					
FOR OFFICE USE							
Evidence Submitted Yes No							
Type of Document							
Approval : Refund Approved Refund Not Approved No Refund Necessary							
Refund Processed Direct Debit Bank Cheque							
Date Refunded		Amount					
Comments		. 4					
Director Signature		Date					