

Refund Request



RTO 22360 CRICOS 03612C

Please complete this form and provide to your Campus Manager for approval. Once approved, if cheque is requested please give to Administration to process.

Section 1- Refund Details

Student Name			Date	
Qualification				
Amount of Refund (including GST)				
Reason for refund please provide as much detail and attach all relevant documents				
Refund Type (mark x)	Direct Deposit		Cheque	
Bank Account Name:				
BSB				
Account Number				
Bank				
Address Cheque is to be sent to				

Section 2 – Refund approval

Refund form completed by please print name			
Refund approved by please print name			
Signature		Date	
Centre Code		General Ledger Code	
Refund processed by		Date processed	