

Refund Request Form

Section 1 – Student Details					
Course:					
Course Date:					
Title:					
First Name:					
Middle Name:					
Last Name:					
Date of Birth:					
Gender:					
Telephone:					
Mobile:					
Email:					
Alternative Email:					
Identification Verified:	Type of ID:				
	ID Number:				
Address:	Building Name:				
	Unit Name:				
	Street:				
	Suburb/Town:				
	State:				
	Postcode:				
	Country:				



Section 2 – Refu	nd Detail	S							
I request a refund	for the fo	llowin	g:						
Invoice Number:									
Amount:	\$								
Reason: (Please a	ttach any s	uppor	ting d	ocumenta	ation)				
Acknowledgemen with States College							orocessed in	accorda	ince
Signature	& Neit	ilius Polic	Ly allu Fi	ocedure.	Date:	/	/		
Signature							Date.	/	/
Section 3 – Auth	orication								
Please tick the typ	be of Refur	na:							
☐ Withdrawal		☐ Cancellati							
☐ Transfer		☐ Other (fy)			
This refund amou	nt is:					Г			
☐ APPROVED		☐ DENIED				☐ ADJUSTED TO \$			
Comments / Reas	on for dec	ision /	Calcul	lations of	refund				
Refund method is	:								
☐ EFT / Credit Ca	ard	☐ Cheque				□ Direct	t Debit		
Signed:		<u>,</u>			Positio	n:			
Print Name:					Date Pr	ocessed:			
Logged in Refund Register:			l Yes	□No	Date:		/	/	
Logged by:					Signatu	ıre:			
Formal Letter/Em	ail Sent:		l Yes	□No	Date:		/	/	