



**REFUND REQUEST FORM**

By filing in this form you are applying for a refund of fees in part or in full.

Each refund request is looked at on an independent basis. This form must be lodged to the Operations Manager or in their absence the Office Administrator within the time frame relevant to the particular refund request as outlined in the refund policy.

A response will be issued to you within 10 business days and if successful a refund will be made as per the refund policy applying to the circumstances.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Course Enrolled in: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Please detail in full, your reason for requesting a refund.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**WE WILL BE IN CONTACT WITHIN 10 DAYS, THANK YOU**



**OFFICE USE ONLY**

Received by: \_\_\_\_\_ Refund Number Issued: \_\_\_\_\_

Date: \_\_\_\_\_ Authorised by: \_\_\_\_\_

Outcome: \_\_\_\_\_

Date if Refund issued: \_\_\_\_\_ Amount: \_\_\_\_\_