



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: _____