

Refund Request Form

FACT

Student request: Refunds are only granted if all terms are met including a min of 3 working days notice.	
Name:	
Student number:	
Course:	
Reason for request:	
Deposit Account: Please note refunds will only be paid to the card that was used to book on to the course.	
Account Name:	
Invoice Number:	
I authorise refunded amounts to be deposited into the above nominated account.	
Sign:	Date:

CEO action	
Name:	
Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Reason for decision:	
Sign:	Date: