# Refund Request Form

*Please refer to the Refund Policy and Procedure on the website and the Student Handbook before completing this form.*

| Student request | |
|---|---|
| Name: | |
| Student number: | |
| Course: | |
| Reason for request: | |
| **Deposit Account:** Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits: | |
| Account Name: | |

| | | | |
|---|---|---|---|
| BSB or SWIFT Code: | | Ac No: | |

**I authorise refunded amounts to be deposited into the above nominated account.**

| Sign: | Date: |
|---|---|

| CEO action | | |
|---|---|---|
| Name: | | |
| Action: | ☐ Approved | ☐ Not approved |
| Reason for decision: | | |

| Sign: | Date: |
|---|---|