**Refund Request Form**

For information related to this form, please see Australian College ‘*Fees, Charges and Refunds Policy*’.

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| --- | --- | --- | --- | --- |
| **Full Name:** |  | | | **Student ID:** |
| **Address:** |  | | | |
| **Email Address:** |  | **Phone No:** |  | |
| **Qualification/Course Undertaken:** |  | | | |

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| --- | --- |
| **Refund Request:** | **Date of Request:** |
| **Invoice No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount requested for refund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reason for your refund request**: *(Please provide as much detail as possible and attach any supporting evidence you may have to support your request)* | |
| **Student Acknowledgement:** | |
| * I understand that my request for a refund will be processed in accordance with Australian College’s *‘Fees, Charges and Refund Policy’.* * I understand that I can access Australian College’s ‘*Complaints and Appeals Handling Policy*’ and processes, should I not agree with the outcome or decision. * I understand that any funds approved for refund (if any) will be paid into the same account it was paid from.   By signing this form, I confirm that the information provided is true and correct  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |