



Cancellation Request Form*

Given Name(s):		Family name (Surname):	
Student Number:		Enrolment Date:	
Qualification Code and Title:			
Phone:		Mobile:	
Email:			

*Note: A cancellation fee of \$200 applies.

Reason for Cancellation

Please select below the main reason you have decided to cancel your course. To ensure your application is processed as soon as possible, please provide evidence to support your application such as medical certificates and/or letters from employers, as required.

Medical condition	Financial hardship
Change of mind	Course is more difficult than expected
Course content	Personal reasons
Too busy to continue	Other (please specify below)

Please, select a payment option (Cancellation Fee):	Name on Card:
Pay in full \$200	Card Number:
\$50 x 4 payments	Expiry Date: __ / __ / ____
\$25 x 8 payments	CVV: ___
Signature:	

Provide details on your reasons for cancellation of your course:

Course Cancellation Conditions:

Students wanting to cancel their course are required to submit this completed *Cancellation Request Form* and email it to admin@australiancollege.edu.au within 10 days from their Enrolment Date. It is recommended that the Student contacts Australian College within 24 hours of submitting this form to confirm that the written request has been received.

Approved requests will be issued a refund within 7-10 business days, less the applicable cancellation fee as outlined in our Fees and Charges available on our website. These are the same fees and charges that you read, understood and agreed to along with the Terms and Conditions of your course prior to submitting your enrolment form.

Student Declaration

I have read the conditions and confirm that the information I have provided is correct and complete. I understand that my request for a course cancellation must comply with the Terms and Conditions of my enrolment.

Student Signature: _____ **Date:** _____