

**REFUND REQUEST FORM**

By filing in this form you are requesting to apply for a refund of fees in part or full.

Each refund request is looked at on an independent basis. This form must be lodged to the Directors or in their absence the Operations Manager within the time frame relevant to the particular refund request as outlined in the refund policy.

A response will be issued to you within 4 days after the claim has been received and, if successful, a refund will be made as per the refund policy.

**Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Name:** \_\_\_\_\_

**Contact Numbers:** \_\_\_\_\_

**Course Enrolled in:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Please detail in full, your reason for requesting a refund.

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**Signature:** \_\_\_\_\_

**WE WILL BE IN CONTACT WITHIN 10 DAYS, THANK YOU**

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*OFFICE USE ONLY*

Received by: \_\_\_\_\_ Refund Number Issued: \_\_\_\_\_

Date: \_\_\_\_\_ Authorised by: \_\_\_\_\_

Outcome: \_\_\_\_\_

Date if Refund issued: \_\_\_\_\_ Amount: \_\_\_\_\_