|  |  |  |  |
| --- | --- | --- | --- |
| Student Name:  |  | Student ID: |  |
| Course: |  |
| Workplace (if trainee or apprentice):  |  |
| Date of Withdrawal: |  |

|  |  |
| --- | --- |
| Enrolment status | Please tick box |
| I have commenced my course |  |
| I have not commenced my course |  |
| I currently owe fees and want them reconsidered |  |

|  |
| --- |
| Reason for refund request |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Student Signature: |  |
| Printed Name: |  |
| Date: |  |

|  |  |
| --- | --- |
| Processed by: |  |
| Manager Signature: |  |
| Printed Name: |  |
| Date: |  |