

Refund Request Form

Student details

Student Number:		Course Enrolled in	
First NAME :			
Last NAME:			
Address: (notification to be sent to)	State: Post Code:		
Email:	Mobile:		

Enrolment status

I have commenced my course	<input type="checkbox"/>	I have not commenced my course	<input type="checkbox"/>	I currently owe fees and want them reconsidered	<input type="checkbox"/>
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Reason for refund request

<input type="checkbox"/> I am withdrawing from my course (Also complete the 'Course_Withdrawal_Defer_Amendment_Form')
<input type="checkbox"/> The course I applied for is not being offered by KAL Training
<input type="checkbox"/> I am transferring to other Institution
<input type="checkbox"/> Other (please state)

Refund To - Payment details - All refund payments will be made in Australian Dollars.

BSB Number:	Account Number:
Account Name:	Bank Name:

Student Declaration

- I have read and understood the refund policy and procedure provided, and I am aware that refund decision will be made as per the policy
- The information provided on this application is true and correct to the best of my knowledge.
- I understand a refund will only be made to an account in my own name or to the source account the funds were paid from, and have provided the required proof

Student's signature:

Date:

Refund Request Form

OFFICE USE ONLY:

Documentary evidence provided:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Evidence Type:		
Is student eligible for refund	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student Notified	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student Management System Updated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Processed by:	Date:	

Authorisation for Processing

Action to be taken:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	ADJUSTED AMOUNT
Comments:			
Authorised by Name:			
Amount to be refunded:		Date Processed:	