

## Application for Refund

<b>Name of Student:</b>			
<b>Address:</b>			
<b>Student Contact Details:</b>	Phone: Email:		
<b>Request Type (tick one):</b>	<input type="checkbox"/> Refund <input type="checkbox"/> Credit Note		
<b>Application Date:</b>		<b>Student's Signature:</b>	
<b>Qualification Name and Code or Course Name:</b>			
<b>Reasons for refund:</b>	..... ..... ..... ..... ..... (Attach further details if this is insufficient space)		
<b>Reason Accepted:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Details of Amount Credited or Refunded:</b>			
<b>Course Start Date:</b>		<b>Course Duration:</b>	
<b>Receiving Staff Member Name:</b>			
<b>Staff Signature:</b>		<b>Date:</b>	

**Office Use Only**

<b>Date Processed:</b>	
<b>Staff Member Processing:</b>	

**Note:-** Please complete this form, sign and date it and email it to [info@itsacademy.vic.edu.au](mailto:info@itsacademy.vic.edu.au)