

Refund Application Form

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

| | |
|------------------------------------|----------------------|
| Title: Mr / Ms / Miss / Mrs | Student Name: |
| Student Number: | Phone: |
| Email: | Course Title: |
| Batch/Session: | Date: |

Conditions for Refund

1. If withdrawing from a course then a copy of the Withdrawal/Cancellation Form is required to be attached.
2. Applications for refunds may take up to 10 working days to be processed. There is an Administration Charge to be paid by the student. Refer to the Cancellation and Refund Policy in Student Handbook and College website.
3. Refund will be made into nominated bank account (provided by student). Where you were not the individual or organisation who made the payments to the Institute, the applicable refund fees will be transferred into their nominated bank account. Please provide details of the nominated bank account where you would like the refunded fees transferred into.

Bank Name: _____ Account Name: _____

Account Number: _____ BSB Number: _____

Reasons for Requesting Refund (Please attach relevant supporting documentation to support your application)

Student Declaration

I declare that I have read and understood the TM's Student Deferment, Suspension and Cancellation Policy, Student Refund Policy and terms and conditions specified in my Offer Letter and Student Acceptance Agreement, and confirm that the information and supporting documentation provided by me is true and correct.

The information I have provided in this application is true and correct. I acknowledge that any incorrect information can result in a delay of this application being processed. Any fees incurred by Training Masters due to incorrect information being provided will be deducted from your refund amount.

Student Signature: _____ Date: _____

| Office use only | | | |
|--|--|-------------------|--------------|
| Application Received By | Name: | Signature: | Date: |
| Admission Department | Comments: | | |
| | Name: | Signature: | Date: |
| Accounts Department | Comments: | | |
| | Original Fees Paid: \$ | | |
| | Total Refund Amount: \$ | | |
| | Name: | Signature: | Date: |
| Application | Approved <input type="checkbox"/> Rejected <input type="checkbox"/> | | |
| Action Take By (Academic Manager) | Name: | Signature: | Date: |
| Original Fees Paid | \$ | Receipt No | Date: |
| Total Refund Amount | \$ | Receipt No | Date: |
| Staff Comments: | | | |