



REQUEST FOR REFUND – DECISION FORM

Participant Name:		Participant ID Number:	
Address:			
Telephone/ mobile:		Email:	
Course:			
Refund decision:		APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>
Reason for decision:			
Evidence assessed to support decision: Medical <input type="checkbox"/> Letters <input type="checkbox"/> Other <input type="checkbox"/>			
Details:			
Checks of evidence to confirm evidence:			

REFUND CALCULATION

Fees paid to date	\$	Enrolment fee (non-refundable)	\$	Course /monthly fees	\$
Fees paid in advance to date	\$	Less admin fee	\$	Final refund amount	\$
Payment plan					
Approved by management:					Date:
Name:					
Signature:					

For Office Use Only

Name correct	ID correct	Date received	
Course Expiry Date	Fee status	Decision	APPROVED /NOT APPROVED
Database updated	Refund amount	Letter sent	Payment made (date) (cheque/EFT)
SofA issued	Notes	Initials	