

Withdrawal Request Form

Student Details			
Given Name		Surname	
Address			
Phone		Mobile	
Email		USI Number	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Enrolment & Withdrawal Details	
Qualification Code	
Qualification Title	
Fees Paid	\$
Fee Payer Name	
Address	
Reason for withdrawal	

Refund Details			
Refunds are payable to the Fee Payer nominated above. Where payments have been made by credit card, refunds can only be issued to the original credit card number. For electronic transfer of funds, please complete details below:			
Account Name			
Bank Name		Branch	
BSB Number		Account No.	

I hereby acknowledge that I have been provided with details of the RTO's Fee and Refund Policy and the information provided in this form is true and correct.

Student Name			
Student Signature		Date	

Withdrawal Request Form

OFFICE USE ONLY

Received by		Date	
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refund Amount	\$
Academic Director Name		Academic Director Signature	
Date		Date given to Accounts	

Notes
