Refund Application Form

Student Name:		Student ID:	
Course:			
Workplace (if trainee or apprentice):			
Date of Withdrawal:			

Enrolment status	Please tick box
I have commenced my course	☐
I have not commenced my course	☐
I currently owe fees and want them reconsidered	☐

Reason for refund request

Bank Details for Refund Processing			
Account Name:			
BSB:		Account Number:	
Bank Name:			
Swift Code:		IBAN:	
Account Holder Address:			
Bank Address:			

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Student Agreement	By signing this form, I agree with the condition of refund stated above and Anderson College Refund Policy.
Student Signature	
Printed Name:	
Date:	

Processed by:	
Staff Signature:	
Printed Name:	
Date:	

OFFICE USE ONLY - PAYMENT DETAILS

Course code:

Amount paid:

Tuition Fee:

Non-Tuition Fee:

Receipt number:

Date of payment: /   /

Course start date:

Date of the Application:

Refund amount:

I confirm that the above-named student has paid the above fee to the Anderson College. I am satisfied that the College will not provide the service covered by such fee. I am satisfied that the fee was not inappropriately charged.

Approving officer's name: Processing date: /   /