

withdrawal and refund form

student details:

Surname: _____ Title: Mr Mrs Miss Ms
 First Name: _____ Middle name _____
 Phone: H _____ M: _____ W _____
 Fax: _____ Email: _____
 USI Number _____

Withdrawal from Course:

Course Code	Course Title	Please tick
22234VIC	Course in Initial General Education for Adults	
22235VIC	Certificate I in General Education for Adults (Introductory)	
22301VIC	Certificate I in Transition Education	
22294VIC	Course in Initial Adult Literacy and Numeracy	
22293VIC	Certificate in Initial Adult Literacy and Numeracy	

Date of withdrawal from course _____

Fees charged _____ Amount paid to date _____

Refund Amount Requested _____

Reason for Requesting Refund (delete as appropriate):

- Course was cancelled
- Change of timetable
- Other (specify) _____

Signature _____

method of payment:

Circle: Cash Cheque Visa Credit MasterCard Credit

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Credit Card Number (if applicable): _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Signature _____ Card expiry: _____

Full Name on Card: _____

Cheque Number (if applicable) _____

Received in Cash (to be signed by Student) _____

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If refund is to be paid to a third party:

Cheque payable to (Contact Name): _____

Organization: _____

Address: _____

Cheque No: _____

for Inclusion Training staff:

Refund Approved / Rejected (Circle or delete)

Authorised Staff Member's Name (print) _____

Signature: _____

Date: _____