

withdrawal and refund form

student details: Title: Mr Mrs Miss Ms Surname: Middle name First Name: H _____ M: Phone: Email: USI Number Withdrawal from Course: Course Code Course Title Start Date of course/s: _____ Date of withdrawal from course Fees charged _____ Amount paid to date _____ Refund Amount Requested Reason for Requesting Refund (tick as appropriate): Course was cancelled □ Change of timetable Other (specify) ______ Method of payment (please circle): Cash † Credit Card **Bank Transfer** Credit Card Number (if applicable): ____/___/ Full Name on Card: _____Card expiry: _____ Received in Cash (to be signed by Student) Bank Account Name: _____ Bank BSB: _____ Bank Account number: _____

Document Name	Withdrawal and refund form		Reference:		
Issue Date	23/10/19	Review Date	23/10/21	Version No.	3
Document Control Management – Uncontrolled when printed					Page 1 of 1

Signature Date :_____