

Withdrawal and Refund Request Form

Student details

Surname: _____ Name: _____

Middle Name: _____ Title: Mr. Mrs. Miss. Ms. Other

Contact Mobile No: _____ Home: _____

Email Address: _____

USI Number: _____

Withdrawal details

Course Name: _____

Start Date of course/s: _____

Date of withdrawal from course/Date of last attendance: _____

Reason for withdrawal:

Student Declaration

I understand that on receipt of this form, Inclusion Training will cancel the student's enrolment from the date of the student's last date of attendance at Inclusion Training.

Name: _____ Signature: _____ Date: _____

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Refund Request details

Fees charged: _____ Amount paid to date: _____

Refund Amount Requested _____

Method of payment (please circle): Cash Credit Card Bank Transfer

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

Full Name on Card: _____ Card expiry date: _____

Bank Account Name: _____

Bank BSB: _____ Bank Account number: _____

Student Signature: _____ Date : _____

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