

Refund Request Form

Student request	
Name:	
Student number:	
Course:	
Reason for request:	
Deposit Account: Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits:	
Account Name:	
BSB:	Ac No:
I authorise refunded amounts to be deposited into the above nominated account.	
Sign:	Date:

CEO action	
Name:	
Action:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Reason for decision:	
Sign:	Date:

Document History

Revision	Date	Description of modifications
1.0	September 2018	Original
2.0	October 2018	Customised and updated for 8 Dimension Education

Document Details

Document Name: Refund Request Form
 Department: Administration
 Approved: CEO
 Review Date: October 2019
 Policy Drivers: Forms / Enrolment Forms
 Circulation: All Staff and Website
 Location: SharePoint