

REFUND APPLICATION FORM



APPLICATION DETAILS

Student Name: _____ Date: / /

Flat/Unit Number: Street Number: Street Name: _____

Suburb: _____ State: Postcode: _____

Mobile: _____ Telephone: _____

Email address: _____

Course/program enrolled in: _____

Enrolment Status: Fulltime Part time

Enrolment Date: / / Course Commencement Date: / /

Refund: I wish to apply for a refund for the course I am enrolled in.

REASON FOR REFUND	TYPE OF REFUND	TICK
Cancellation by the student within the 14 days cooling off period	Full refund other than enrolment fee	<input type="checkbox"/>
Cancellation within two days of course commencement	No Refund	<input type="checkbox"/>
Cancellation of course by DSA due to insufficient enrollments in the course	Full refund	<input type="checkbox"/>
Cancellation due to closure of DSA	Full refund of the total of any up-front payments already paid by the student for any units of study the student has commenced but not completed	<input type="checkbox"/>

Student Signature: _____

OFFICE USE ONLY

Refund application received: Yes No Date: / /

Refund application finalised: Yes No Date: / /

Director/ Delegate signature: _____
