

Refund Application Form

Student Full Name		Student ID	
Course Title		Phone:	
Email Address		Date:	

Enrolment status	Please tick box
I have commenced my course	☐
I have not commenced my course	☐
I currently owe fees and want them reconsidered	☐

Condition for Refund
All refunds are made according to the Central College Refund Policy which can be found on the written agreement and Student handbook. If the refund is approved, the refund will be paid to the original payment method within 20 working days of the application and evidence of documentation received. All students must ensure they have read and understood the Central College Refund Policy prior to completing this form.

Bank Remittance Details
Please provide details of the nominated bank account where you would like the refunded fees transferred into.
Bank Name: _____ Account Name: _____
Account Number: _____ BSB number: _____

Reason for refund request

Student Declaration

I declare that I have read and understood the Central College Student Deferment, Suspension, Cancellation and Refund Policy and term and conditions stipulated in my Written agreement, and Student handbook, and confirm that the information and supporting documentation provided by me is true and correct. I understand that providing false information to the Central College may result in the termination of my enrolment and/or entitlements.

Student's Signature:

Date: _____

Office Use Only

Received By

Application Status

☐

Approved

☐

Rejected

Processed By

Signature

Date: __ / __ / __

Fees Paid: \$_____.

Receipt No: _____

Date of Payment: __ / __ / __

Amount Refunded : \$_____.

Date of Refund : __ / __ / __

Staff Comments