

**Request for Refund Form**

Personal Details	
Family Name:	
Given Name/s:	
Address:	
Phone:	
Names of course/s or unit/s or competency for which refund is being requested	
Code	Title

Rationale	
Please explain in detail the reason that you require a refund	
RTO notes regarding decision-making	
Date of notification to applicant	

**Procedure**

1. Student completes and submits Request for Refund Form.
2. RTO Administrator reviews documentation provided.
3. The student and all other relevant parties will be notified in writing within 20 working days from the initial lodgement of the request of the outcome with reasons for the decision.