Student Refund Request Form

SECTION 1- INSTRUCTIONS

How to apply:
Please complete this form to apply for a refund. Please use BLOCK letters and print details in full.
Send this completed form and a detailed personal statement to **accounts@academyoftraining.edu.au**
Please allow up to 5 business days for processing time and to receive a response to your email.

SECTION 2- PERSONAL DETAILS

Student Lastname:		**Refund No:** (office use only)	
Student Firstname:		**Date of Application:**	
Contact Number		**Date of Birth:** (dd/mm/yyyy)	_____ / _____ / _____
Current Address		**Suburb**	
		Postcode	
Email Address:			

SECTION 3- Refund

Course Title:			
Reason for Request:			
Invoice Amount	$	**Invoice Number**	

Note Please read the AOT Refund Policy in the Student Handbook at www.academyoftraining.edu.au

SECTION 4- Deposit Account
Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits:

Account Name:			
BSB:			
Account No:			
Authorisation:	**I authorise refunded amounts to be deposited into the above nominated account.**		
Student Signature:	$	**Date**	

SECTION 5- REFUND DECISION

Manager's Approval ☐ Approved ☐ Not Approved	Name	Signature	Date ____ / ____ / _____
Provide a reason if not approved			
Date Decision sent to Student:			