

REFUND REQUEST FORM

Please return this form to Reception or email admin@dnakingstontraining.edu.au.

STUDENT DETAILS			
Student Name:		Student ID:	
DOB:		Mobile No:	
Address:			
REFUND DETAILS			
Course:			
Amount to be refunded:	AUD \$		
Reason for Refund Request:			
DIRECT DEPOSIT – BANK DETAILS			
Account Name:		BSB:	
Bank Name:		Account Number:	
SWIFT Code/IFSC:		IBAN:	

Student Declaration:

I confirm I have read and understood the Refund Policy and wish to apply for a refund in the full knowledge that, if I do not pay the tuition fees for further enrolments and all future study periods by the deadline(s) indicated by the College, then the College may not allow me to enrol, **AND** I may be charged a late enrolment fee, **AND** I may not be allowed to enter into a payment agreement.

Students Signature:		Date:	
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COLLEGE OFFICE USE ONLY - Finance Department (this section)

Received by:		Date:	
Agent Name:		Commission:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transaction No:		Amount:	AUD \$
Fee Reconciliation and Calculation:			
Authorise Signed:		Date:	