

Request for Refund Form

Section A – Student to complete

Date:			
Course Name:		Course Start Date:	
Student Name:		Student Number:	
Student Address:			
Student Contact Details:	Phone: Mobile: Email:		
I have read the Lead Institute Fees and Refunds Policy:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refund Details – Please provide the reasons for refund application			
Banking Details – Please note we require these details in the event your application is approved.			
Name of Bank:		BSB No.	
Name of Account Holder:		Bank Account No.	
Student Signature:			

Student B – Lead Institute Administration to complete

Refund issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", please complete details below. If "no", please complete Section C.		
Refund Number Issued:		
Authorised By:		Date Issued:
Copy places in student file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section C – Lead Institute Administration to complete

Please provide reasons related to the refund being denied.		
Has the student been informed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy uploaded into Student Management System (SMS) Portfolio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:		
Signature:		Date:
Chief Executive Name:		
Signature:		Date: