

# APPLICATION FOR REFUND



## Section A – Student to complete

Student Name:			
Student ID:		Phone:	
Student Email:			
Course Name:			
Course Start Date:			
I have read and understood Lead Institute's Refund 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:			
Account Name:			
BSB No:		Bank Account No:	
Student Signature:		Date:	

**Allow up to 14 days to notified of Refund Request Outcome**

## Section B - Lead Institute to complete

<input type="checkbox"/> Refund Approved in the amount of: \$ _____			
<input type="checkbox"/> Refund denied. Reason:			
Name:		Signed:	
		Date:	

**Allow up to 14 days from date of outcome notification for refund to be processed (where applicable)**

### OFFICE USE ONLY

<input type="checkbox"/> Student informed of decision	<input type="checkbox"/> Copy saved to student file				
<input type="checkbox"/> Refund Issued (if applicable)	Refund Date: _____				
Name:		Signed		Date:	