



Student Refund Form

Please complete ALL SECTIONS of the following form and PRINT CLEARLY.

Part A: Personal Details

Student First Name		Student Surname	
Date of Birth			
Contact Number	Home Phone:	Mobile Phone:	
Postal Address			
	Suburb:	State:	Postcode:
Email Address			

Part B: Reasons for Request of Refund – Please tick

<input type="checkbox"/>	Overpayment of course fees
<input type="checkbox"/>	Withdrawal/Cancellation of course enrolment(s)
<input type="checkbox"/>	Other (please specify):

Additional Comments to support refund request claim:

Part C: Bank Details

Account Holders Name			
Name of Bank			
BSB Number		Account Number	

Part D: Signature

I have read and understood the CTIA student refunds policies and procedures

I declare that the information provided by me is true, correct and completed to the best of my knowledge

If the refund request is approved, I authorise CTIA to pay my refund into the elected bank account

Student Signature		Date	/	/
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Part E: Office Use Only

Name		Signature		Date	
Refund Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, amount refunded	\$	
Supporting Evidence Attached (where required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
List units of competency refunded					