

STUDENT REFUND FORM

Student to complete & sign this form.	
Do not use this form as part of a withdrawal process (please use other form)	
Student First Name:	Student Last Name:
Current email address:	Mobile Number:
Course Name:	
Please state your reason for the refund:	
All Health Training will require 1 month from the date of Student Refund form being received, which allows Finance to process your file and the refund to be paid.	
Refunds are only made by electronic transfer direct to your nominated account. Please provide us with your bank account details:	
Account Name	
BSB Account Number	
Student Signature:	Date:
OFFICE USE ONLY	
Confirm reason for refund being provided	
Provide details to Finance Manager to approve	☐ Yes ☐ No ☐ Date
Finance Manager – review and approved	☐ Yes ☐ No ☐ Date
Finance Manager – date of refund to student	Date
Provide to Vettrak officer to enter refund in SMS	│ □ Ves □ No □ Date