

REFUND REQUEST FORM

Section 1 – Student Details	
Course:	
Course Date:	
Title:	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Gender:	
Telephone:	
Mobile:	
Email:	
Alternative Email:	
Identification Verified:	Type of ID:
	ID Number:
Address:	Building Name:
	Unit Name:
	Street:
	Suburb/Town:
	State:
	Postcode:
	Country:
Section 2 – Refund Details	
I request a refund for the following:	
Invoice Number:	
Amount:	\$
Reason: (Please attach any supporting documentation)	

ABN: 29 639 009 733



Acknowledgement: I understand that my request for a refund will be processed in accordance with Goldthorn International College Fees & Refunds Policy and Procedure. Date: Signature Section 3 - Authorisation Please tick the type of Refund: ☐ Withdrawal ☐ Cancellation □ Transfer ☐ Other (please specify) This refund amount is: ☐ APPROVED ☐ DENIED ☐ ADJUSTED TO \$ Comments / Reason for decision / Calculations of refund Refund method is: ☐ EFT / Credit Card ☐ Cheque ☐ Direct Debit Signed: Position: Print Name: Date Processed: Logged in Refund Register: Date: / ☐ Yes □ No

Signature:

/

Date:

□ No

☐ Yes

ABN: 29 639 009 733

Logged by:

Formal Letter/Email Sent: