

Refund Application Form



Student Details

Student Name:	
ID:	
Address:	
Contact Number:	
Course Name:	

Please tick box	Reason for Refund Request
<input type="checkbox"/>	Withdrawal prior to the commencement of the course
<input type="checkbox"/>	Withdrawal after the agreed start date
<input type="checkbox"/>	Course withdrawn or unable to be provided by New Futures Training
<input type="checkbox"/>	Other (DESCRIBE) :
Bank Details:	Name: BSB : Account Number :
Students signature:	Date:
Authorised by:	Date:

NOTE: Please submit your application to the office at 11 Munro Street, Coburg.

Office Use Only

Fees paid to date:		Amount to be Refunded:	
Refund paid to:			
Date payment made:			
Finance officer name:			