



Refund Request Form

Client Details			
Name		Date	
Contact No.		Student USI Number	
Email			
Course		Enrolment Date	
Refund Details			
I request a refund for the following:			
*Please read APC's refund policy on our website before completing this form.			
Amount:	\$		
Reason (evidence required):			
<p>If paid via Credit Card, any possible funds will be returned to this account. If you <u>did not</u> make payments via Credit Card, please fill in below:</p> <p>Account name: _____</p> <p>BSB: _____</p> <p>Account Number: _____</p>			
Acknowledgement			
<p>I _____ (Student Name) confirm that I have read and understand the APC Refund Policy. I agree that this request for refund will be processed in accordance with the APC Refund Policy terms.</p>			
Signature		Date	

Office Use Only:			
Eligible for refund:	YES	NO	Eligibility approved by: _____
Approved Refund amount: \$ _____			Amount credited: \$ _____
Processed by: _____			Signature: _____
Evidence attached to student file if any:	YES	NO	
Comments/additional notes:			