

Refund Request Form

Student details			
Student Name:		Student ID:	
Course:			
Workplace (if trainee or apprentice):			
Date of Withdrawal:			

Enrolment status	Please tick box
I have commenced my course	<input type="checkbox"/>
I have not commenced my course	<input type="checkbox"/>
I currently owe fees and want them reconsidered	<input type="checkbox"/>

Reason for refund request
<input type="checkbox"/> I am withdrawing from my course (Also complete the 'Course_Withdrawal_Defer_Amendment_Form')
<input type="checkbox"/> The course I applied for is not being offered by KAL Training
<input type="checkbox"/> I am transferring to other Institution
<input type="checkbox"/> Other (please state)

Student Declaration
<input type="checkbox"/> I have read and understood the refund policy and procedure provided, and I am aware that refund decision will be made as per the policy
<input type="checkbox"/> The information provided on this application is true and correct to the best of my knowledge.
<input type="checkbox"/> I understand a refund will only be made to an account in my own name or to the source account the funds were paid from, and have provided the required proof

Student's signature:

Date:

A response will be issued to you within 7 days and if successful a refund will be made as per the refund policy depending on the circumstances.

Refund Request Form

OFFICE USE ONLY:		
Documentary evidence provided:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Evidence Type:		
Is student eligible for refund	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student Notified	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Student Management System Updated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Processed by:		Date:

Authorisation for Processing			
Action to be taken:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	ADJUSTED AMOUNT
Comments:			
Authorised by Name:		Date Processed:	
Amount to be refunded:			