

Refund Request Form

Student First name:			
Last name:		Mob #	
Email:			
Course name:		Fee Paid	
Course Start Date			
Reason for refund request:			
<p><i>Refunds will only be paid via electronic transfer after approved by admin staff as per policy & procedures. Please provide full details of your bank account for deposit.</i></p> <p style="text-align: center;"><i>Email completed Form to - info@alphabetacollege.edu.au</i></p>			
Bank Name:			
Account Name:			
BSB number: _____			
Account number: _____			
Depends on the banking, ABCA will deposit refunded amount in above nominated account OR from the account initial payment was made			
Student Sign:		Date:	

Admin Approval			
Admin			
Admin Action:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	Refund amount
Full Refund	Refund requested 10 business days or more before initial class	<input type="checkbox"/>	\$
75 % Refund	Refund requested 9 business days or less prior to initial class	<input type="checkbox"/>	\$
No Refund	Refund requested On or After the class commencement Day / Date	<input type="checkbox"/>	-
No Refund	Non-Refundable administration fee.	<input type="checkbox"/>	-
Comments if any:			
Sign:		Date:	