



National Provider No 45067

Refund Request Form

By filing in this form you are requesting to apply for a refund of fees in accordance with our refund policy, and contained in our enrolment form.

Each refund request is looked at on an independent basis. This form must be lodged to the Chief Executive Officer or in their absence their appointed representative, as outlined in Australian College of Business Skills Refund & Cancellation Policy.

A response will be issued to you within 10 business days and if successful a refund will be made as per the Refund & Cancellation Policy depending on the circumstances.

Date:

Name:

Contact Phone Number:

Course Enrolled in:

Contact Address:

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Please detail in full, your reason for requesting a refund.

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Signature:

Someone from our office will contact you within 10 days, thank you

OFFICE USE ONLY

Received by:Refund Number Issued:.....

Date:Authorised by: Outcome:

Outcome

Date (if refund issued)Amount.....

Issuing Officer's name

PositionDate.....