

Refund Application Form

PERSONAL DETAILS	
First Name:	Family Name:
Middle Name:	Date of Birth:
ENROLMENT DETAILS	
Commencement Date:	Student Number:
Program:	Date you would like your withdrawal to take affect:

What is the amount of refund you are applying for?	
Is the refund being requested as part of a Withdrawal Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', please provide the reason you are applying for a refund? Attached supporting evidence with your application.	
Is the refund being requested as part of a lodged formal complaint or appeal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please provide details of when the formal complaint or appeal was lodge and with whom.	

Students signature:	Date:

Your withdrawal application will be processed in accordance with the following AIBI HE policies and procedures, available from the AIBI HE website:

- *Enrolment Policy*
- *Student Refund Policy*



Submit your Refund Application Form to the Waratah Institute email address
info@waratahinstitute.edu.au