AMA SKILLS TRAINING

Request for Refund Form

STUDENT DETAILS			
Family Name:		Given Name/s:	
Student ID:		Date of Birth: (dd/mm/yy) / /	
Course:		Email Address:	
Address in Australia:	Suburb:	Post Code:	
Home Telephone:		Mobile Number:	
Submission Date:			
I wish to request a refund for the following reason: (please supply supporting evidence for your claim for refund and attach to this application)			
The course fees were: _____ The receipt number was: _____ The date paid was: _____			

OFFICE USE ONLY	
Supporting evidence was supplied:	YES NO AMOUNT REQUESTED: $..... *(finance to validate student records and amount of refund requested)*
Approved:	YES
Not Approved:	NO
Reason:	
Finance Manager Signature: Date:	
Training Manager Signature: Date:	