



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: \$..... <i>(finance to validate student records and amount of refund requested)</i>
Approved:	YES
Not Approved:	NO
Reason:	
Finance Manager Signature:	
Training and Quality Manager Signature:	
CEO Signature:	