



## **REFUND APPLICATION FORM**

Please forward this completed form at <u>accounts@stc.edu.au</u> or hand it to our staff at reception.						
The Signature Training College will assess and reply to the request for a refund within ten (10) working days.						
Student Name						
Student ID Number / LLO Number)						
USI (if applicable)						
Course Code and Name						
REFUND REASON						
Please tick all that app	ly		(✓)			
I have commenced my course						
I have not commenced my course						
I currently owe fees and want them reconsidered						
<b>Deposit Account:</b> Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits:						
Bank						
Account Name						
BSB		Account Number				
Swift Code: (Applicable						
for overseas banks only)						
I authorize refunded amounts to be deposited into the above designated account.						
Student Name						
Student Signature		Date				







RTO USE ONLY						
Name:						
Action:	Approved		□ Not approved			
Reason for decision:						
Non-refundable admin fee:		Total amount approved for refund:				
Signature:			Date:			
🗆 VETtrak updat	ted	$\Box$ Documents files/uploaded $\Box$ Email sent to the studen		$\Box$ Email sent to the student		

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Parramatta Campus

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Signature Training Pty. Ltd. trading as Signature Training College ACN: 45 136 467 153 | ABN:136 467 153