sheila baxter
training centre

Refund Application Form

☐ **INTERNATIONAL STUDENT** ☐ **LOCAL STUDENT**

(Incomplete forms are not acceptable)

Forms submitted on …… by student sign:…… Verify by admin officer: ……

Student Details

Sheila Baxter Student ID: ……..
Family Name: …… Given Name(s): ……
Date of Birth: ……..Sex: M ☐ F ☐
Address: ……
Telephone: …… Mobile: …… Email: ……

☐ **Refund Returned Equipments**

Refund Unused Equipment ☐ Yes $..... ☐ No……

☐ **Tuition fees refund details**

Course Name: …….. Course code: ……..
Commence course: Yes ☐ Date of last day attended class: ……
No ☐ Commencement date: ……..
Course end date:……...
Withdrawal date:…… Date Refund Application form submitted: ……..
Please outline the reasons/circumstances for seeking a refund:
……..
……..

Student Declaration

☐ I confirm the above information is true and correct. Date: …….

Students Signature: ……. Printed Name: …….

Proxy Declaration

☐ I confirm the above information is true and correct. This form has been completed on behalf of the above named student. .....
.....
Date: …….

Proxy Signature: …… Printed Name: ……

OFFICE ONLY(Use Refund Calculation form & to be attached)
Refund Request Approval ☐ Yes ☐ No **Authorise signature**:……. Date:……

Refund Equipment $..... Refund Tuition Fees $..... **TOTAL $**.....
☐ Student notified
Refund: ☐ Remitted on ……. or ☐ Collected by…….. . Sign:…….date:……..

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