

Student Refund Request Form



Instructions:

1. This form is for any student studying at Tec-NQ who wishes to apply for a refund of course fees.
2. Any refund request will be made in accordance with the terms of your signed Acceptance of Enrolment/Written Agreement and Tec-NQ's refund policy.
3. This form should be completed in full and returned with supporting documentation to the Student Enrolment Officer. Incomplete forms will not be accepted.

STUDENT DETAILS										
Student ID:	T	E	C	N	Q					
First Name:			Middle Name:				Surname:			
Course:						Course Start Date:				
Phone:						Email:				
REFUND REQUEST TYPE										
Form of request (please tick ✓ appropriate request):										
Withdrawal from Course			Transfer to another Provider			Cancellation by Tec-NQ				
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>				
SECTION 1										
I request a refund for the following:										
Invoice Number:										
Amount:										
Reason: (please attach any supporting documentation)										
SECTION 2 BANK ACCOUNT FOR REFUND PAYMENT (IF APPROVED)										
Account Name:				Bank Name:						
BSB Number:				Country of Bank						
Account Number:				SWIFT Code:						
Bank Address:										
SECTION 3										
Acknowledgement:										
I understand that my request for a refund will be processed in accordance with Tec-NQ Refund Policy and my signed Acceptance of Enrolment/Written Agreement.										
I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.										
Student Signature:				Date:						

Office Use Only

Date processed / filed:

Signature:

File Name: Student Refund Request Form

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OFFICE USE ONLY			
AUTHORISATION FOR PROCESSING			
Action to be taken:	APPROVED	DENIED	ADJUSTED AMOUNT
Comments:			
Signed:			
Julie Hyde, CEO		Date Processed:	
Amount to be refunded:			
REFUND PROCESSING			
Accounts:	Yes	No	Date:
Bank:	Yes	No	Date:
Processed by:			
REFUND NOTIFICATION			
Formal Letter Sent:	Yes	No	Date:
Sent By:			
APPEAL OF DECISION			
APPEAL LODGED:	Yes	No	Date:
APPEAL PROCESSED BY:			
OUTCOME OF APPEAL/COMMENTS:			

Office Use Only

Date processed / filed:

Signature:

File Name: Student Refund Request Form

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