

Refund Application form to be completed by the student or original payee and emailed to Aurora Training Institute - accounts@aurora.edu.au

Student Name: _____

Address: _____ DOB: _____

Suburb: _____ State: _____ Post Code: _____

Phone Number: _____ Email Address: _____

Please tick your request/s and sign below:

- I wish to withdraw from my course
- I wish to apply for a refund of course fees already paid (if permitted under the refund policy)
- I wish to defer my course until a later date (no refund applicable)

Withdrawal Reason:

Withdrawal Details:

Course Code	Course Name	Commencement Date

I have read Aurora Training Institute's refund policy <https://aurora.edu.au/refunds/> (must tick to confirm)

Signed Student: _____ Date: _____

If under 18 years of age

Signed Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian Name: _____

Electronic Payment of Refunds

Note: Refunds will be paid to the original payer of the fee invoice.

Please provide details of the bank account into which the refund will be deposited.

Account Name			
Bank		Branch	
BSB		Account No	

Office use only

General Manager Training

Approved Reason: _____
Evidence provided: _____
Refund Amount: _____

Not Approved Reason: _____

Approved by Signature: _____

Date: _____