

Please lodge this form in order to apply for a refund. Complete all sections of this form, and return it to Student Support either by post, in person, or via email.

Personal Information

Student Name:

Student ID:

Course(s) enrolled in:

Email:

Phone Number:

Refund: *Please tick one*

- Withdrawal prior to course or term commencement
- Withdrawals after the course or term commences
- Course cancelled or rescheduled by Matrix Training (MT)
- Course discontinued and not delivered in full by MT
- Other:

Reason of Refund: *Please tick one*

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Cancellation | <input type="checkbox"/> Credit Transfer | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Deferment | <input type="checkbox"/> Other, specify: |

Don't forget to provide evidence to back your claim like invoice number etc.

Student Signatures

I understand that my request for a refund will be processed in accordance with the MT's *Fees, Charges and Refunds Policy*.

Student Signature: _____

Date: _____

Payment (Choose one option only)

Bank Transfer Please enter your bank account details in which you would like to receive your refund.

Bank Name:

Account Name:

Bank Branch:

BSB Number:

Account Number:

SWIFT code:

Cheque

Please enter details if you would like to receive your refund posted to you as a cheque

IFSC (if Applicable):

Payable to (name):

Street Address:

Town/Suburb:

State:

Postcode:

Office Use Only

Approved

Rejected

Refund outcome/comments:

Evidence for refund request attached.

Please record this form in Student File.

Staff Signature: _____

Name: _____

Date: _____