



Application for Withdrawal or Refund (SA013F1)

APPLICATION FOR WITHDRAWAL OR REFUND (SA013F1)

[Please PRINT]

SURNAME _____ FIRSTNAME: _____
 STUDENT ID _____ DATE OF BIRTH _____
 ADDRESS: _____
 SUBURB _____ POSTCODE _____ TELEPHONE (H) _____
 TELEPHONE (W) _____ MOBILE NUMBER: _____
 COURSE NUMBER: _____

(Office Use Only) ID card retrieved YES NO Vet Fee Help YES NO

I WISH TO WITHDRAW FROM THE FOLLOWING SUBJECTS: *(Please supply copy of enrolment form)*

ROLL NO	SUBJECT INDEX NUMBER	SUBJECT NAME	CLAIMING REFUND YES/NO	LECTURER'S NAME

REASON FOR WITHDRAWAL / REFUND: *(Tick where appropriate)*

- | | |
|--|---|
| 1. Class Cancelled <input type="checkbox"/> | 2. Overcharged (if due to concession, attach copy) <input type="checkbox"/> |
| 3. Incorrectly enrolled <input type="checkbox"/> | 4. Approved subject exemption <input type="checkbox"/> |
| 5. Medical reasons (attach medical certificate) <input type="checkbox"/> | 6. Transferring to another TAFE <input type="checkbox"/> |
| 7. Transferring from one course to another <input type="checkbox"/> | 8. Referred by Lecturer <input type="checkbox"/> |

9. To get a job (complete details below)

Employer: _____

Employers Address: _____

Telephone Number: _____

Your Position: _____

10. Dissatisfied with course OR other reason (please provide details below)

Signature of Applicant: _____

DATE: _____

*** If Under 18

Signature of Parent/Guardian: _____

DATE: _____

Direct Debit made inactive:

Finance Advised:

Signed copy of this form to Applicant:

DATE: _____

Receiving Officers Signature: _____

DATE: _____

FINANCIAL INSTITUTION DETAILS

If eligible for a refund, payments can be made electronically directly to your nominated Bank, Credit Union or Building Society account. A remittance advice containing details of payment will be sent to you. There will be no charges to you from the College.

To receive payments by EFT, please fill in the authorisation below.

I _____ *Name* hereby authorise Central Regional TAFE to make direct Credit deposits to the following account:

BSB Code: _____

Bank Account Number: _____

Your Bank Account Name: _____

Bank Name & Address: _____

Your Signature: _____ Date: _____

OFFICE USE ONLY

Actual Enrolment Fees		Refund Calculation	
Course fee		Course fee	
Resource fee:		Resource fee:	
Bridging fee:		Bridging fee:	
Other fee:		Other fee:	
Discretionary fee		Discretionary fee	
Total fees		Total fees	

Type of Refund: Full Standard Pro-rata (include calculations) No refund

Current balance \$ _____
Refund amount \$ _____
New balance \$ _____

Fees paid by:
(Fees to be refunded to party that paid them)

Withdrawal code entered: ***WN only***

Reason code (please circle one):

- | | |
|--|--|
| <p>ERR Enrolment in error</p> <p>WOJ Employment related area</p> <p>FIN Financial</p> <p>ILL Illness/Medical (medical cert. provided)</p> <p>JOB Job/employment</p> <p>LOC Location</p> <p>OTH Other</p> | <p>PER Personal reasons</p> <p>APP Received Apprenticeship (copy of offer letter or training contract provided)</p> <p>ROL Roll finished/cancelled</p> <p>NTL Subject/course not liked</p> <p>COT Transfer to another course</p> <p>SBT Transfer to another subject</p> <p>UNI University place (copy of offer letter provided)</p> |
|--|--|

- Entered on Withdrawal Register
- MPV and/or Adjustment Note sent to ETSCC
- Withdrawal letter sent

Comments:

Processed by: Date: