



Surname		Given Names	
Student ID		Contact No	
Course name (List ALL courses enrolled)	<input type="checkbox"/> SIT30821 Certificate III in Commercial Cookery COE number: _____ <input type="checkbox"/> SIT40521 Certificate IV in Kitchen Management COE number: _____ <input type="checkbox"/> SIT50422 Diploma of Hospitality Management COE number: _____ <input type="checkbox"/> SIT60322 Advanced Diploma of Hospitality Management COE number: _____ <input type="checkbox"/> BSB50420 Diploma of Leadership and Management COE number: _____ <input type="checkbox"/> BDB60420 Advanced Diploma of Leadership and Management COE number: _____	<input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning) COE number: _____ <input type="checkbox"/> MSF30322 Certificate III in Cabinet Making and Timber Technology COE number: _____ <input type="checkbox"/> CPC30220 Certificate III in Carpentry COE number: _____ <input type="checkbox"/> CPC40120 Certificate IV in Building and Construction COE number: _____ <input type="checkbox"/> CPC50220 Diploma of Building and Construction (Building) COE number: _____	
Intended date of withdrawal			
I have read the Insight Institute of Further Studies Refund Policy and Procedure and I believe I am entitled to a refund. <input type="checkbox"/> Yes <input type="checkbox"/> No			



Indicate the reason(s) for requesting a refund:

- | | |
|--|--|
| <input type="checkbox"/> Visa refusal/cancellation
<input type="checkbox"/> Medical (please provide documentary evidence)
<input type="checkbox"/> Financial circumstance/hardship (please provide more details in Additional Information section)
<input type="checkbox"/> The course has been cancelled
<input type="checkbox"/> The course has been rescheduled to a time and location that is unsuitable (please provide more details in Additional Information section) | <input type="checkbox"/> The RTO cease to provide training and assessment for the course
<input type="checkbox"/> Staff quality inadequate
<input type="checkbox"/> Insufficient study resources and facilities
<input type="checkbox"/> Transferred to another provider (provide documents)
<input type="checkbox"/> I have withdrawn from the course (withdrawal form filled in)
<input type="checkbox"/> Other reason(s):

_____ |
|--|--|

Additional Information If you have withdrawn from the course, you must provide details of your reasons. In some cases, Insight Institute of Further Studies may request that you provide additional evidence, such as withdrawal due to medical

Account details to refund to:

Financial Institution name	
Name on account	
Relationship to student (if not student's account)	
Branch	
BSB	
Account Number	



International Accounts - Swift code/IBAN			
Student signature		Date	
OFFICE USE ONLY			
Date and amount received from student			
Refund deductions by Insight Insitute of Further Studies (amount and description)			
Amount to be refunded	From TPS? <input type="checkbox"/> Yes <input type="checkbox"/> No		

MANAGER APPROVAL

<input type="checkbox"/> Refund Approved	<input type="checkbox"/> Refund not approved
Reason for non-approval:	
Manager Name and Department:	
Manager signature	Date

FINANCE

Refunded	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refund amount	\$	
Refunded by (signature)		
Refunded by (name and designation)		
Date refunded		