

## REFUND REQUEST FORM

### INSTRUCTIONS:

This form must be completed to request a refund for Domestic students enrolled under:

- Fee-for-Service arrangements OR
- Skills first funded training (Registration Fee Only), in accordance with the JTI Fees, Charges and refund Policy and relevant funding contract guidelines.

A written response will be provided to the applicant within **10 business days** of receiving the completed refund form. After completing and signing this form, it must be submitted to the Accounts Department via email, [manisha@jti.edu.au](mailto:manisha@jti.edu.au)

### STUDENT INFORMATION

Date of the Application: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

Course Enrolled in: \_\_\_\_\_

Email Address: \_\_\_\_\_

### REFUND REQUEST & FEE PAYER ACKNOWLEDGEMENT

#### Reason for Refund

- ☐ Overpayment made to course fees (Fee-For-Service Students Only)
- ☐ Student withdrawal from course 5 days prior to the course commencement (Fee-For-Service Students Only)
- ☐ Student withdrawal from course 5 working days after the course commencement (Fee-For-Service Students Only)
- ☐ JTI is unable to Commence Course as scheduled [Fee-For-Service Students and **For Skills First Students (Registration Fee Only)**]
- ☐ Other reason (please specify)

As the fee payer, I, \_\_\_\_\_ confirm that all information provided on this form is to the best knowledge true, correct and accurate. I also confirm that I have read and understood the fees, charges and refund policy and believe that I am entitled to a refund and will provide any supporting documentation (if required) to support the request for a refund.

<b>Fee Payer's signature</b>	
<b>Date of refund application</b>	
<b>Fee Payer's email address</b>	
<b>Fee Payer's banking details</b>	<b>Account Name:</b>  <b>BSB:</b>  <b>Account Number:</b>

**WE WILL BE IN CONTACT WITHIN 10 BUSINESS DAYS, THANK YOU**

### OFFICE USE ONLY

#### Refund Request Form

Received by: \_\_\_\_\_

Refund amount: \_\_\_\_\_

Refund Date: \_\_\_\_\_

General Manager Signature: \_\_\_\_\_

Outcome: ☐ Approved ☐ Not Approved

Accounts Officer Signature: \_\_\_\_\_

Comments If Any: \_\_\_\_\_