



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

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.

| | |
|------------------------------------|---|
| Fee Payer's signature | |
| Date of refund application | |
| Fee Payer's email address | |
| Fee Payer's banking details | Account Name: BSB: Account Number: |

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: _____