



Student Request for Refund

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Date of Application

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Applicant's Details

Student Name (as spelt IN FULL on your Driver's Licence)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Other:
First Names		Surname	

Date of birth (DD/MM/YYYY)

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Sex

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
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Residential Address

Flat / Unit / Apart. No.			
Street Address:			
Suburb:		Postcode:	
State / Territory:	<input type="checkbox"/> Queensland	<input type="checkbox"/> Other:	
Phone (home):		Mobile Phone:	
Email address:			

Course Enrolled:	
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Do you wish to withdraw from this course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Student Signature:	
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SUBMIT APPLICATION BY EMAIL TO: enquiries@1education.com.au



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For Completion by 1 Education Staff Member

Fees Paid:	\$
Number of Refundable Units:	\$
Amount Paid Per Unit:	\$
Total Amount Refundable to Student:	\$
Amount Retained by 1 Education:	\$

COMMENTS (Optional)

Approved By:	
Signature:	
Date of Decision:	