

# SC5.2 Refund Application Form



Student Name:	
Student ID:	
Course:	
Workplace (if trainee or apprentice):	
Date of Withdrawal:	
<b>Enrolment Status</b>	
I have commenced my course <input type="checkbox"/> I have not commenced my course <input type="checkbox"/> I currently owe fees and want them reconsidered <input type="checkbox"/>	
<b>Reason for refund request</b>	
Your Signature:	
Your Name:	
Date of request:	
Processed by:	
Approved by:	
Date of approval:	
Refund completed (if approved):	
Withdrawal completed (if applicable):	
Submit to <a href="mailto:support@wiseworkplacetraining.com.au">support@wiseworkplacetraining.com.au</a> Contact us on 1300 580 685 for assistance with this form.	