



REFUND APPLICATION FORM

Please Note: Refunds are provided in accordance with Medical Administration Training Pty Ltd's Fees, Refunds & Cancellation Policy & Procedure. You should read the policy carefully to establish your eligibility for a refund.

This form must be used to apply for a refund. It can be lodged in person, posted or emailed.

Before your application for a refund will be considered, you must complete all the sections below and attach supporting documents (if required).

Applications will be reviewed and student will be advised of the outcome within 7 working days from date of receipt

Surname:		Given Names:			
Phone:		Title		Date of Birth	/ / (DD/MM/YYYY)
Address:					
Suburb:		State:		Postcode:	
Email address:				Student No:	
Course Name:					

Refund Reason

- Withdrawal from course
- Overpayment
- Medical Administration Training Pty Ltd cancelled the course/program
- Other (please state)

Additional Information (if required)

Student Declaration

I hereby affirm the information provided within this form to be true and accurate. I have read and understood the Fees, Refunds & Cancellation policy and understand that eligibility for a refund will be assessed based on this policy.

Signature:

Date:

Name:

Office Use Only

Application Approved: Yes No

Date:

Comments:

Actioned By:

Signature:

Payment Details

Amount to be Refund:

Payment Date:

Payment Method: