



Refund Request Form			
Details		Refund Type	Tick
RR No (Admin Staff):		Withdrawal	<input type="checkbox"/>
Date:		Transfer	<input type="checkbox"/>
Name:		Cancellation	<input type="checkbox"/>
Student ID:		Other	<input type="checkbox"/>
Course:			<input type="checkbox"/>
Course Intake:			<input type="checkbox"/>
Section 1			
I request a refund for the following:			
Invoice Number:			
Amount:			
Reason: (Please attach any supporting documentation)			
Section 3			
Acknowledgement			
<p>I understand that my request for a refund will be processed in accordance with DTW Designs (Qld) Pty Ltd Refund Policy.</p> <p>I also understand that I shall have access to the Complaints and Appeals process, should I not agree with the outcome or decision.</p>			
Print Name:		Signature:	
Authorisation			
Authorisation for Processing			
Action to be taken:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> ADJUSTED AMOUNT
Comments:			

UNCONTROLLED IN HARD COPY FORMAT

Signed:		Position:	
Print Name:		Date Processed:	
Amount to be refunded:			
Admin Use Only			
Refund Register			
Logged in Refund Register:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Logged By:			Signature:
Refund Processed			
Formal Letter Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Sent By:			Date:
Appeal of Decision			
Appeal Lodged:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
CAF Number:			Date: