

# Request for Refund Form



If you have any questions, please write to: [icg@interactionconsulting.com.au](mailto:icg@interactionconsulting.com.au) or call your RTO Manager

**Student Name**

**Student ID**

**Date of Birth**

**Course**

**Student Address in Australia**

Street

Town/Suburb

State

Postcode

**Contact Phone Nos:**

Home

Work

Mobile

**Email**

**Submission Date**

**I wish to request a refund for the following reason:**

(Please supply supporting evidence for you claim for refund and attach to this application)

**The course fees were:**

**The receipt number was:**

**The date paid was:**



## Office Use Only

Supporting evidence was supplied:  
(Finance to validate student records  
and amount of refund requested)

**AMOUNT REQUESTED (\$)**

**Yes                  No**

---

**Approved**

**Not Approved**

---

**Comments/ Reason for decision / Calculations of Refund**

### Refund Method

EFT

Direct Deposit

Credit to Corporate Account

**Received by**

**Authorised by**

**Formal Letter/Email Sent:**

**Date**

Yes

No

**Date if Refund Issued**

**Amount**