

REFUND REQUEST FORM (1)

To be completed in the event of a student requesting a refund or FEE-HELP balance re-crediting.

1. Once completed, this form will be submitted to, and actioned by, the Accounts Department and/or Team Leader
2. The student will be notified in writing if the refund will be applied within 28 days
3. The student must advise H&H within 28 days, of receipt of the notification, of their acceptance of the outcome, or if they wish to seek a review

Applicant details

Surname: _____ First name(s): _____ Date: _____

Student number: _____ Email address: _____

Telephone contact: _____ Alternate contact: _____

Initial date of enrolment	Name of training course	Date of request for refund	Amount to be refunded

Please provide in the space below all reasons, and details, of your request for a refund

Is there anything else you feel should be included with this request? *If yes, please add any notes in the space provided below, or attach any other documentation to this form*

To be signed by the student making the request, confirming all information is true and correct.

Name: _____ Signature: _____ Date: _____