

# STUDENT REFUND REQUEST FORM



Your refund request will be assessed in accordance with Hammond Institute Refund Policy available at [https://hammond.edu.au/Forms/Refund\\_Policy.pdf](https://hammond.edu.au/Forms/Refund_Policy.pdf) lodging a refund request does not automatically imply that a refund will be granted. Each refund request will be individually assessed for eligibility.

Student Details	
Student Number:	Course Start Date:
First Name:	Family Name:
Contact Number:	Contact Email:
Address:	
Course Code and Name:	

Reason for Refund Request – ** Documentation Required	
Refund Type	Please Tick (✓)
Withdrawal at least 4 weeks prior to course commencement	<input type="checkbox"/>
Withdrawal less than 4 weeks prior to course commencement	<input type="checkbox"/>
Course withdrawn by Hammond Institute (Before the agreed start date)	<input type="checkbox"/>
Hammond Institute is ceased to provide the course after course commencement	<input type="checkbox"/>
Medical Reasons**	<input type="checkbox"/>
Other compassionate and compelling circumstances (Please specify): **	<input type="checkbox"/>

Nominated Account for Fee Refund			
Bank Name:		BSB Number:	
Account Name:			
Account Number:			

## Student Declaration

I acknowledge that I may not be eligible for any fee refund if I have not met the terms of conditions stated in Hammond Institute refund policy. If I am eligible for refund, I gave permission for Hammond Institute to refund to the nominated account stated above the calculated fee refund. By signing this agreement, I acknowledge that I have read, understand and compiled with

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student who is younger than 18 years of age**

Parent/Guardian Name and Signature for student who is under eighteen years of age and is in the care of and control of a parent or guardian

Name (Please print): \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM RECEIPT**

<b>1</b>	Received By:		Date:	
	Signature:			
<b>2</b>	<b>RTO MANAGER APPROVAL</b>			
	Approved?	<input type="checkbox"/> YES (Pass the form and statement detailing the calculation of the refund to accounts to process payment)	Amount Approved: AUD\$ _____	
		<input type="checkbox"/> NO (Send notification to student explaining the reason for rejection. Attach a copy of the rejection with this form and file it in the student file)		
	Comments:			
	Name:		Signature:	Date:
<b>3</b>	<b>ACCOUNTS PROCESSING</b>			
	Name:		Signature:	
Date of Payment:				

**Please attach a copy of the statement detailing the calculation of the refund and payment receipt with this form and file it in the student file.**