APPLICATION FOR WITHDRAWAL AND REFUND

Student Personal Details		
Family name:	Given Names:	
Student Id:		
Gender: ◉ Male ○ Female ○ Other	Date of Birth: (dd/mm/yy):___/___/_____	
Postal Address:		
City:	Country:	Postcode:
Home phone: ( )	Mobile No:	
Email Address:		

Reason for Withdrawal and Application for Refund

○ Family Problems
◉ Cancelling Enrolment
○ Transferring to another Provider
○ Other

Please elaborate on your circumstances.

_____
_____
_____
_____
_____

Attach the relevant evidence:

◉ New CoE
○ Medical Certificate
○ Other _____

If you are leaving, when do you intend to leave Australia? _____

[If refund approved please fill in the following details]

Bank details to which refund is to be processed:

Account holder Name: _____

Bank Name: _____

BSB Number: _____

Account Number: _____

Student Signature:_____Date: _____

Leaders Institute - Office Use Only

Evidence Given: Yes ☐ No ☐

Type of documents: _____

Refund approved ☐ Refund not approved ☐ No refund necessary ☐

Date refunded: _____

Amount refunded: _____

Comments: _____

_____

_____

Registrar: _____ Date: _____