

Refund Request Form

| Details | | Refund Type | Tick |
|----------------------|--|--------------------------|------|
| RR No (Admin Staff): | | VISA Refusal | |
| Date: | | VISA Renewal Refusal | |
| Name: | | VISA Breach of Condition | |
| Student ID: | | Withdrawal | |
| Course: | | Transfer | |
| Course Intake: | | Cancellation | |

Section 1

I request a refund for the following:

| | |
|-----------------|--|
| Invoice Number: | |
| Amount: | |

Reason: (Please attach any supporting documentation)

Section 3

Acknowledgement

I understand that my request for a refund will be processed in accordance with Superior Training Centre Refund Policy.
I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.

| | | | |
|-------------|--|------------|--|
| Print Name: | | Signature: | |
|-------------|--|------------|--|

Authorisation

Authorisation for Processing

| | | | |
|---------------------|----------|--------|-----------------|
| Action to be taken: | APPROVED | DENIED | ADJUSTED AMOUNT |
|---------------------|----------|--------|-----------------|

Comments:

| | | | |
|-------------|--|-----------------|--|
| Signed: | | Position: | |
| Print Name: | | Date Processed: | |

Amount to be refunded:

Admin Use Only

| Refund Register | | | | |
|----------------------------|-----|----|------------|--|
| Logged in Refund Register: | Yes | No | Date: | |
| Logged By: | | | Signature: | |
| Refund Processed | | | | |
| Formal Letter Sent: | Yes | No | Date: | |
| Sent By: | | | Date: | |
| Appeal of Decision | | | | |
| Appeal Lodged: | Yes | No | Date: | |
| CAF Number: | | | Date: | |