HORIZON TRAINING INSTITUTE

RTO No: 45414

Application for Student Refund

For office Use

Date Receipt and advice number sent to the student

Advice Number_____

Amount _____

Sent on _____/____/_____

Sent by _____

PERSONAL INFORMATION

☐ **Domestic student** ☐ **International student**

Title

Family Name

Given Names

Student ID

Course/Batch

Mailing Address

Postcode

Phone: Mobile

Phone: Landline

E-mail

Reasons for refund request (Please provide short summary of reasons for requesting Refund and attach supporting documentary evidence where required).

_____

_____

Bank details for refund

Amount of Fee Requested for _____

Account Name _____ **Account Number**_____

Bank name _____ **Bank Address**_____

BSB _____ **SWIFT Code** _____

Signature of the Applicant _____ **Date** _____