

Student Refund Request Form

This form is used to request a refund of all or partial program fees. It must be completed and submitted to EIM Training Administration. Requests will be responded to within 14 days of submitting this form. EIM Training reserves the right to refuse a Refund Request.

Given Name:		Surname:	
Address:			
Contact Number:		Email:	
Current Qualification Name:			
Total Amount of Program Fees Paid to Date:		Amount of Refund being Requested:	
Original Payment Method:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Direct Debit	<input type="checkbox"/> Cash
Reason for Refund Request:			

Print Name: _____ Signature: _____ Date: _____

If the refund is approved the payment will be processed within 60 days to the nominated account:

Direct Deposit into Bank Account:	BSB No:		Bank Name:	
	Account No:		Account Name:	

EIM OFFICE USE ONLY					
Date Request Received:		Request Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Refund Amount Approved:		Refund Requested to Finance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of EIM Approval Officer:		Signature:			
Notes:					
Attached Letter of Response:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scanned & Uploaded into Student Refund Register:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Updated in MYOB:	<input type="checkbox"/> Yes		<input type="checkbox"/> No		