REIM TRAINING

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	Surname:				
Address:								
Contact Number:		Email:	Email:					
Current Qualification Name:								
Total Amount of Program Fees Paid to Date:		Refund b	Amount of Refund being Requested:					
Original Payment Method:	☐ Cred	dit Card	☐ Dire	☐ Direct Debit		☐ Cash		
Reason for Refund Request:								
Print Name:	ne: Signature:			Date:				
If the refund is approved the payment will be processed within 60 days to the nominated account:								
Direct Deposit into Ba	BSB No:			Bank Name:				
Account:	Accoun	t No:		Account No		ne:		
EIM OFFICE USE ONLY								
Date Request Received:		Request App	Request Approved:		Yes	□ No		
Refund Amount Approved:			Refund Requito Finance:	Refund Requested to Finance:		Yes	□ No	
Name of EIM Approval Officer:			Signature:					
Notes:								
Attached Letter of Response:	□ Yes	□ No	into Student R Register and	anned & Uploaded o Student Refund gister and Student nagement System:		Yes	□ No	
Updated in MYOB:	□ Yes			□ No				