



Fee Refund Form

This form is used to apply for course refunds. Please read the [fees and refund policy and procedure](#) on the ATQ website before completing this form.

Student Details			
Please tick the best option, where boxes are provided.			
Given Name		Surname	
Date of Birth		Student ID Number	
Email		Mobile Number	
Current Address		Course name	
		Course start/end date	
Reason for refund request		Student Checklist	
<input type="checkbox"/> Extra payment made <input type="checkbox"/> Medical/Personal/Family Reason <input type="checkbox"/> Other (_____)		<input type="checkbox"/> Medical Certificates for medical reason <input type="checkbox"/> Medical certificates of family member sick/personal reason proof <input type="checkbox"/> Receipt copy for extra payments made <input type="checkbox"/> Other (Please specify below (_____)	
Request for Bank Details			
Contact Person		Contact Number	
Bank Name		Account Name	
BSB Number		Account Number	
Student Declaration (Terms and Conditions)			
Student Signature		Date	____/____/____