



## APPLICATION FOR REFUND FORM

Please complete the following details and lodge this form with the Office Manager at Blended Learning International. Please note that there are two pages to this form.

Family Name	
Given Name	
Student ID Number	
Date of Birth	
Email Address	
Phone Number	
Program Name	
Reason for Refund	
Bank Account Details for Refund	Account Name: _____ BSB Number: _____ Account Number: _____ Bank Name: _____ Bank Address: _____

**Note:** Please continue over the page.



**Student Declaration**

I declare that the information that I have provided on this form is complete and correct. I have read the refund policy referred to in the Student Orientation Handbook (<http://www.blendedlearning.com.au/other-forms>).

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use Only**

Approval by:

Date:

Comments: