

## Request for Fee Refund Form

In order for a refund to be considered, the request must be based on valid reasoning, and will be considered subject to the conditions outlined in the Student Handbook. You must ensure that you have read and understood these conditions before submitting this form. This form must be filled out in order for RETS to consider a request for a fee refund. Once complete, please email to [admin@rets.com.au](mailto:admin@rets.com.au) along with sufficient evidence to support your request, for example, medical certificates and so on.

### Student Details

**Full name:**

**Address:**

**Phone:**

**Email:**

### Request for Fee Refund Details

**Grounds for Request for Fee Refund**

Serious Illness or Medical Condition

Crisis Situation

Significant Hardship

Other - please specify:

**Please explain (in as much detail as possible) the reason for your Request for Fee Refund**

**What evidence have you provided to support your Request for Fee Refund? All evidence must be attached.**

<b>Course you enrolled in</b>	<input type="checkbox"/> CPD (non-refundable admin fee of \$55)
	<input type="checkbox"/> SoA/Cert of Reg (non-refundable admin fee of \$110)
	<input type="checkbox"/> Cert IV/Licence (non-refundable admin fee of \$220)
<b>Any additional information or comments to support your Request for Fee Refund</b>	
<b>Student Declaration</b>	
<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	

<b>OFFICE USE ONLY</b>	
<b>Date student commenced:</b>	
<b>Progress %:</b>	
<b>Reviewed by:</b>	
<b>Position:</b>	
<b>Outcome:</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
<b>Signature:</b>	
<b>Date:</b>	
<b>MD Approval:</b>	
<b>Refund Amount:</b>	
<b>Comments:</b>	
<b>ACCOUNTS USE ONLY (if approved)</b>	
<b>Date refund processed:</b>	
<b>Method of payment:</b>	
<b>Amount refunded:</b>	
<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	