



REFUND REQUEST FORM

PERSONAL DETAILS			
Date:			
Student Name:			
Student ID:			
Course Code/ Course Name:			
Course Commencement Date:			
REFUND DETAILS			
I request a refund for the following:			
Invoice Number:			
Amount:	\$		
Reason: (Please attach any supporting documentation)			
Acknowledgement			
I understand that my request for a refund will be processed in accordance with the Mercury Institute of Victoria's Fees, Charges and Refund Policy. I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.			
Signature:		Date:	<input type="checkbox"/> / /
AUTHORISATION			
Please tick the type of Refund:			
<input type="checkbox"/> Withdrawal <input type="checkbox"/> Transfer <input type="checkbox"/> Cancellation <input type="checkbox"/> Other (please specify)			
This Refund amount is:			
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DENIED	<input type="checkbox"/> ADJUSTED TO \$
Comments/ Reason for decision / Calculations of Refund			
Refund Method is:			



<input type="checkbox"/> EFT / Credit Card	<input type="checkbox"/> Direct deposit	<input type="checkbox"/> Credit to Corporate Account	
Name:		Position:	
Signature:		Date Processed:	/ /
ADMIN USE ONLY			
Logged in Refund Request Register:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Logged By:		Signature:	
Formal Letter/Email Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Sent By:		Signature:	