RTO No. 46394

Refund Request Form

Student request	
Name:	
Student number:	
Course:	
Reason for request:	
Supporting Documents Provided: (e.g., medical certificate, visa refusal, compassionate grounds evidence)	
All refund requests are assessed in accordance with the organisation's Fees and Refund Policy. **Submission of this form does not guarantee approval of a refund.** **Refund outcomes will be determined based on eligibility criteria, supporting evidence and applicable conditions.** **Refunds, where approved, will be processed within 15 working days.**	
Deposit Account: Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits:	
Account Name:	
BSB:	Ac No:
Declaration: I confirm that the information provided is true and correct. I acknowledge that I have read and understood the Fees and Refund Policy and that this application will be assessed in accordance with those requirements.	
Sign:	Date:

CEO action	
Name:	

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Action:	• Approved	• Not approved
Reason for decision:		
Sign:	Date:	
Refund Payment Details (Office Use Only): Amount Approved: Date Processed: Processed By: Transaction Reference:		

SDG College Pty Ltd ensures that all refund requests are assessed fairly, consistently and in accordance with the organisation's Fees and Refund Policy and applicable regulatory requirements.