

ACN: 133 226 929 ABN 459 4095 6739 131 Johnston Street, Fitzroy, VIC, 3065

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## **Application for Refund or Credit Note**

Please complete this form, sign and date it and email it to <a href="mailto:rtomanager@victorianacademy.com.au">rtomanager@victorianacademy.com.au</a>

Name of Student:									
Address:									
Student Contact Details:	Phone: Email:								
Request Type (tick one):	□ Ref	und		Credit No	ite				
Application Date:					ent's ature:				
Qualification Name and Code or Course Name:									
Date purchased and reasons for refund or request for credit note:	(Attach further details if this is insufficient space)								
Reason Accepted:	□ Yes		No						
Details of Amount Credited or Refunded:									
Course Start Date:				Course Duration:					
Receiving Staff Member Name:									
Staff Signature:					Date:				
*Credit Note Office Use Only  Date Processed:	es must	be used	within 6	months o	of the cou	ırse st	art date		
Staff Member Processing:									