

VET Fee Refund Form (16.1)

Please refer to Fee Refund Policy (16.0)

Surname	
Given Names	
Date	
Title of Course	
	Personal
Explain your reason(s) for requesting a refund ¹	Medical ²
	Other
Student's Signature	
Parent's Signature	

¹ The RTO may require suitable evidence supporting your claim to be presented.

² All applications on medical grounds must be accompanied by verifiable documentation, such as Medical Certificates.

OFFICE USE ONLY