

## SECTION ONE – INSTRUCTION

This form is to be used to facilitate any request for refunds made by a Fee Payer (student, employer, or guardian/parent). Each refund is reviewed on its individual merits and assessed by Beleco Academy in accordance with its *Fees, Charges and Refunds Policy*. A response (and eligible refunds) will be given to applicants within 30 days of application.

Once this form is completed, sign, and lodge form by emailing [admin@belecoacademy.com](mailto:admin@belecoacademy.com)

## SECTION TWO – STUDENT INFORMATION

2.1	Student Name	Click or tap here to enter text.
2.2	Student ID (#)	Click or tap here to enter text.
2.3	Course Code & Title	Click or tap here to enter text.

## SECTION THREE – INITIAL PAYMENT INFORMATION

3.1	<b>Student, Parent or Guardian paid course fees</b>				<b>Employer paid course fees</b>
	<input type="checkbox"/> Cash	<input type="checkbox"/> Bank Transfer	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cheque	<input type="checkbox"/> Bank Transfer.

## SECTION FOUR – REFUND REQUEST & FEE PAYER ACKNOWLEDGEMENT

4.1	Reason for Refund	<input type="checkbox"/> Overpayment made to course fees <input type="checkbox"/> Student withdrawal from course (not yet commenced) <input type="checkbox"/> Student withdrawal from commenced course <input type="checkbox"/> Other reason (please specify): Click or tap here to enter text.
-----	-------------------	--

As the Fee Payer, I confirm that all information provided on this form is to the best of my knowledge true, correct, and accurate. I also confirm that I have read and understood the *Fees, Charges and Refunds Policy* and believe that I am entitled to a refund and will provide any supporting documentation (if required) to support the request for a refund:

4.2	Fee Payer's name	Click or tap here to enter text.
4.3	Fee Payer's signature	
4.4	Date of refund application	Click or tap here to enter text.
4.5	Fee Payer's email address	Click or tap here to enter text.
4.6	Fee Payer's banking details	Account Name: Click or tap here to enter text. BSB: Click or tap here to enter text. Account Number: Click or tap here to enter text.

### OFFICE USE ONLY

**Date received:** Click or tap here to enter text.

**Outcome:**  Approved  Not Approved.

**Refund amount (if applicable):** Click or tap here to enter text.

**Date refunded:** Click or tap here to enter text.

**Date outcome letter sent to Fee Payer:** Click or tap here to enter text.