



REFUND Application Form

This form must be used to apply for a refund. Please complete this form, and return it to Australian Lawrence Aged Care College either in person or via post to Level 1/169 Plenty Road, Preston, Vic. 3072.

Student Name:	Date:	/ /
Student ID:	Course undertaking:	
Refund Reason (Please Tick One)		
<input type="checkbox"/> VR - Visa Refused (Full Refund)		
<input type="checkbox"/> W10 - Withdrawal 10 weeks prior to course or semester commencement (Full Refund)		
<input type="checkbox"/> W4 - Withdrawal 4 to 10 weeks prior to course or semester commencement (....)70-80%Refund)		
<input type="checkbox"/> W0 - Withdrawal less than 4 weeks prior to course or semester commencement (....)50-70% Refund)		
<input type="checkbox"/> WA - Withdrawals after the course or semester commences (No Refund on Current Semester Fee)		
<input type="checkbox"/> CAN - Course cancelled or rescheduled by Australasian Lawrence Aged Care College (Full Refund)		

Please state why you wish to apply for a refund (Don't forget to provide evidence to back your claim).....

Declaration:

I have read ALACC's policy on refund and the information I have provided is true.

Student signature..... Date.....

Office Use Only

Refund Outcome Comments:

Evidence for Refund Request Attached

PLEASE ATTACH THIS REFUND APPLICATION TO THE TO REFUND CALCULATION FORM