QMS115_05 – CERTIFICATE IV & BELOW AND SHORT COURSE WITHDRAWAL/REFUND APPLICATION

Student to complete, sign and lodge with the Business Area for processing

Student Number		**Date of Birth**	
Surname		**Given Name**	
Mobile Number			
Course Name		**Course Code**	
Scheduled Course Commencement Date for this year (Subject to verification)			

If you wish to be withdrawn from **ALL** units, please tick here ☐

Where you do not wish to withdraw from **ALL** units, mark or highlight the units to be withdrawn on your Student/Enrolment Confirmation Sheet and attach.

Certificate IV and Below Courses

☐ This withdrawal is **within 28 calendar days of my scheduled course commencement date for this year** AND;

- ☐ I wish to *partially withdraw* from my course (continuing with my other units), and receive a refund or reduction to my Debitsuccess payment plan for only the attached units; OR
- ☐ I wish to *fully withdraw* from my course and receive a refund or reduction to my Debitsuccess payment plan for the above units/course *(Note that an administration fee applies);* OR
- ☐ I wish to *fully withdraw* from my current course and transfer into an alternate course with Chisholm* *(Note that additional fees may be payable at the cash register).*

*For eligible course transfers: Contact Academic Administration as each course transfer is dealt with on a case by case basis.

☐ My unit / course has been cancelled by the Institute
- ❖ *Authorised by Business Area Manager Name:*_____ *Signature:*_____

☐ The unit/s enrolled should have been a Credit Transfer at no charge *(Completed QMS107_01 to be attached for external Credit Transfers)*
- ❖ *Authorised by Education Manager Name:*_____ *Signature:*_____

☐ The unit/s enrolled should have been Recognition of Prior Learning *(Completed QMS107_03 to be attached)*
- ❖ *Authorised by Education Manager Name:*_____ *Signature:*_____

☐ I am withdrawing from a **Short Course** and it is at least five (5) working days prior to the course commencing

☐ I am withdrawing from a **Short Course** and it is less than five (5) working days prior to the course commencing *(Note than a withdrawal administration fee applies to Short Course withdrawals less than 5 working days prior to the course commencing)*

Withdrawal Reason

To help us improve the student experience please tick at least one of the below withdrawal reasons:

☐ Attained employment
☐ Didn't like or enjoy the course
☐ Doesn't align with career aspirations
☐ The times of the class don't suit me
☐ I couldn't find a placement
☐ The workload is greater than I expected

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☐ Not ready to commence
☐ Financial stress
☐ Family related issues
☐ Injury or illness
☐ Study/work/life balance
☐ Other - please state_____

☐ I didn't receive the support I need to be successful
☐ There were too many assessments
☐ I had issues with a teacher/teachers in the course
☐ I had difficulty understanding the course content
☐ I had issues with other students in the course

Refund Recipient Details

☐ **Student to receive refund**

Full Name (If different from student)	

Student Signature _____

Note: Student signature or written confirmation of withdrawal is required in order for a refund to be processed.

Date _____

If student under 18 years of age, parent/guardian signature _____

Date _____

Chisholm Institute issues refunds via electronic funds transfer (EFT) to a bank account of the payer of the fees. If you believe you are entitled to a refund and don't have a Debitsuccess payment plan, please provide your, or your sponsor's, bank account details on the *Bank Account Details for Refunds* form (QMS115_07). The pages with your bank details will be destroyed after your withdrawal/refund application is processed. Any refund for a Debitsuccess payment plan will be applied to balance of the plan.

Business Area Use Only

☐	I have discussed reasons for withdrawal and if applicable, encouraged contact with Student Services to discuss support options prior to withdrawal including equitable learning, disability support, financial advice, career education and personal counselling.
☐	The student has disengaged and is either uncontactable or unwilling to complete withdrawal/refund application
☐	I have entered IP, WPCC and/or WNA results against all withdrawn units as relevant
☐	The student is under the age of 17 years

If the student **is not** entitled to a refund as they are unable to meet any of the requirements listed on Page 1, send the original to Academic Admin (AA) academicadmin@chisholm.edu.au for processing, retain a copy of this document within the business area, and explain to the student why a refund has not been approved.

☐ Student is aware a refund **will not** be issued. *Business Area Staff Signature:* _____

OR

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If the student **is** entitled to a refund, course transfer, cancellation/reduction of Debitsuccess or VET Student Loans/FEE-HELP debt, please complete the following and forward this form to Academic Administration (AA) for processing. academicadmin@chisholm.edu.au

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$ _____ of materials to be refunded to the student/payer *(Note: Only applicable if material fee have been paid)*

Business Area Staff Member Name: _____ **Date:** _____

Signature: _____ **BA. & Campus:** _____

Academic Administration Use Only

Tuition Fee Refund	$_____	Authorised by:	
Student Services Fee Refund	$_____		
Materials Fee Refund	$_____	Signature:	
Sub Total	$_____		
Less Admin Fee	$_____	Date:	
Less Debitsuccess Admin Fee	$_____	☐ Student Account	
Total Refund	$_____	☐ EFT	
☐ DoE advised where U17		☐ Debitsuccess	
☐ Statement of Attainment issued		☐ Other	

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