



## Withdrawal / Refund / Deferment / Transferring Request Form

ET Form No: F009

Version No: 7.0

Last Updated: 8<sup>th</sup> September 2016

Authorised by: Compliance Manager E&T

**WITHDRAWAL / REFUND / DEFERMENT / TRANSFERRING Request Form**

**INSTRUCTIONS:**

- Please fill out this form using BLOCK LETTERS and attach any supporting evidence.

**Privacy Statement**

MTC Australia collects, holds, uses and discloses personal information (including sensitive information) in accordance with the Privacy Act 1988, the Australian Privacy Principles and requirements laid down in MTC's contracts as a service provider to the Commonwealth Government. You have the right to: access and update or correct the personal information that MTC Australia holds about you, and enquire or complain about the way personal information is being handled. For more details, refer to the MTC Privacy Policy.

Student's Name:

Address:

Phone Number:

Email:

Course Name (e.g. Certificate II in Business):

<b>1. Have you attended any classes?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, provide your last day of attendance: _____	

<b>2. Application for</b> (please tick one)	<input type="checkbox"/> <b>Withdrawal only</b> (may eligible for refund) <input type="checkbox"/> <b>Refund Application only</b> (e.g. overpayment, course cancelled etc.) <input type="checkbox"/> <b>Deferment only</b> (not eligible for refund) <input type="checkbox"/> <b>Transferring from MTC Australia to other provider</b> (Under Smart & Skilled) <input type="checkbox"/> <b>Withdrawal / Refund / Deferment / Transferring Application</b>
---	---

**3. Provide reason for your application** (attach supporting evidence to this form, if applicable)

**Declaration**  
 I hereby confirm that the information provided in this Withdrawal / Refund Form is true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO MTC AUSTRALIA**

If you applied for a refund and it is approved by MTC, you will receive a cheque in the mail.

**OFFICE USE ONLY**

<input type="checkbox"/> NOT APPROVED	<b>Refund Amount:</b> \$.....
<input type="checkbox"/> APPROVED	<b>Cost Centre:</b> .....
<b>Approval Category</b> (please tick)	<input type="checkbox"/> Course Cancelled <input type="checkbox"/> Did not commence <input type="checkbox"/> Overpayment <input type="checkbox"/> Exemption <input type="checkbox"/> Other, please specify: .....
<b>Name:</b> _____	<b>Signature:</b> _____
<b>Date:</b> _____	

**If a refund application is approved, please submit this form to the finance department.**