

Refund Application Form



Your Details

Family Name:		First Name:	
Date of Birth:		Student ID: <i>(if known)</i>	
Mobile:		Home Phone:	
Email Address:			
Qualification:			
Date of Withdrawal:			

Please tick the refund reason which applies to you:	<input type="checkbox"/> I have commenced my course but have not commenced all the units. I have not been supplied with all the learner guides.
	<input type="checkbox"/> I currently owe fees and want them reconsidered due to family hardship. <i>Please provide details below:</i>
<p><i>Please note: Sechi Hair Academy is not obliged to consider this request as it is not part of our formal refunds procedure.</i></p>	

Your application for refund will be processed within thirty (30) days and you will be advised in writing of the outcome.

Student Name:	
Signature:	
Date:	

Please return this completed form to:
Sechi Hair Academy, Level 1, 81 Watton Street, Werribee VIC 3030

Office Use Only

Processed by:	
Operations Manager signature:	
Name:	
Date:	