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| --- | --- | --- | --- | --- | --- |
| **WITHDRAWAL / REFUND / DEFERMENT / TRANSFER Request Form** | | | | | |
| **INSTRUCTIONS:**   * Please fill out this form using BLOCK LETTERS and attach any supporting evidence.   **Privacy Statement**  MTC Austalia 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): | | | | | |
| **1. Have you attended any classes?** | No | | Yes | |  |
| If **Yes**, provide your **last day of attendance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **2. Application for** (please tick one) | **Withdrawal only** (*may eligible for refund*) | | | | |
| **Refund Application only** (*e.g. overpayment, course cancelled etc*.)  **Deferment only** (*not eligible for refund*)  **Transferring from MTC Australia to another provider** (*Under Smart & Skilled)* | | | | |
| **Withdrawal / Refund / Deferment/Transferring Application** | | | | |
| **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** | | | | | | | | |
|  | **NOT APPROVED** | | | | **Refund Amount:** | $.............................................. | | |
|  | **APPROVED** | | | | **Cost Centre:** | ………………………………… | | |
| **Approval Category**  (please tick) | | Course Cancelled | | Did not commence | | | Overpayment | |
| Exemption | | Other, please specify: | | | …………………………………... | |
| **Name:** | | | **Signature:** | | | | | **Date:** |
| **If a refund application is approved, please submit this form to the finance department.** | | | | | | | | |