



Gold Coast Learning Centre
www.goldcoaststudy.com

Levels 1-3, 18-22 Orchid Avenue
Surfers Paradise QLD 4217
Phone: +61 (0) 7 5531 6788
Fax: +61 (0) 7 5538 9188
Email: info@goldcoaststudy.com
ABN: 51 448 401 177

REFUND REQUEST FORM

Student Name: _____

Student Number: _____

Course Enrolled in: _____

Date of Application: _____

I _____ wish to apply for a REFUND.
(Insert name)

FOR(course name)

Please state
reason _____

(Please attach any supporting documentation for your application)
I have read and understand the Refund Policy, as outlined in the Student Information Booklet.

Student Signature

Date

Print Name

Approved/Not Approved:

Signature: _____ *Position:* _____ *Date:* _____