**Refund Request Form**

**Graceland Institute**

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| **Student request** | | | |
| Name: |  | | |
| Student number: |  | | |
| Course: |  | | |
| Reason for request: | | | |
| **Deposit Account:** Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits: | | | |
| Account Name: | | | |
| BSB: | | Ac No: | |
| **I authorise refunded amounts to be deposited into the above nominated account.** | | | |
| Sign: | | | Date: |

|  |  |  |  |
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| **CEO action** | | | |
| Name: |  | | |
| Action: | Approved | | Not approved |
| Reason for decision: | | | |
| Sign: | | Date: | |

**Address**: Ground floor 8-10 Russell Street Toowoomba Q 4350,

**Address**: Unit 1-44 Station Road, Yeerongpilly QLD 4105  
**Phone**: 0452 534 542

**Web**: www.gracelandinstitute.qld.edu.au

**RTO Number**: 45875 | **CRICOS Code**: 04031E