

Refund Application Form

Complete this form to request a refund or reconsideration of fees. Submit it to Student Support or info@ccm.vic.edu.au with supporting evidence. CCM will assess the request under its applicable refund policy.

A Student and enrolment details

Student name

Student ID

Course code and title

Workplace if trainee or apprentice

Date of withdrawal if applicable

Amount requested if known AUD

B Enrolment status - select all that apply

☐ I have commenced my course

☐ I have not commenced my course

☐ I currently owe fees and request reconsideration

C Reason for refund request

Explain your reason and list any supporting documents attached.

D Student confirmation

I confirm that the information provided is true and correct to the best of my knowledge.

Student signature or typed name

Date

Office use only

Processed by

Approved refund AUD / decision

CEO signature or typed name

Decision date