

Full Name:

Date:

D	D	M	M	Y	Y	Y	Y
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Course:

Course Start Date:

D	D	M	M	Y	Y	Y	Y
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Address:

I wish to apply for a refund for my tuition fees paid for the course described above and my reasons for applying for a refund are (Please tick the appropriate box):

Refund Reason	Type of refund
<input type="checkbox"/> Student withdrawal 7 days or more prior to commencement date of course	Full refund
<input type="checkbox"/> Student withdrawal within 7 days of the commencement of the course*	50% of total fees refund
<input type="checkbox"/> Student withdrawal following commencement date*	No refund
<input type="checkbox"/> Course withdrawn by KsafeT	Full refund
<input type="checkbox"/> KsafeT is unable to provide the course for which the original enrolment and payment has been made	Full refund

\* Please note where the student breaches KsafeT Policies and Procedures, no refund is payable. Where a student withdraws from the course without extenuating circumstances, only a partial refund is payable.

Student Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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