

Refund Request Form



By completing this form you are requesting to apply for a refund of fees in accordance with our refund policy, and contained in our enrolment form.

Each refund request is looked at on an independent basis. This form must be lodged to the Chief Executive Officer or in their absence their appointed representative, as outlined in STUFFit Student Enterprises Refund & Cancellation Policy.

A response will be issued to you within 10 business days and if successful a refund will be made as per the Refund & Cancellation Policy depending on the circumstances.

Student Full Name

Address

Phone

Course name

Course start Date

dd/mm/yyyy

Refund request Reason

Please detail in full, your reason for requesting a refund:

Student Signature

Date

Student Date of Birth

dd/mm/yyyy

dd/mm/yyyy

Please return this completed form to stuffitfilmfestival@gmail.com
Once submitted someone from our office will contact you within 10 working days
Kind regards,
Stuffit

Office use only

Received by:

Refund Number Issued:

Date:

Authorised by:

Outcome:

Date (if refund issued)

Amount:

Date

Issuing Officer's name:

Position: