



**REFUND REQUEST FORM**

This form is to be used by learners wishing to apply for a refund of course fees. Please complete this form and return to the Funding & Returns Co-ordinator, together with any supporting documentation.

Name and address of learner

Telephone Number: ..... Email Address: .....

Course Title and Year: .....

Fees Paid: £.....

Did you receive Learning Support Funds Yes / No

Reason for Refund

I can confirm that I have read the Refund Request Policy and that the information above is correct

Learners Signature .....

For Office Use Only:

Learner Start Date
Learner Expected End Date
Learner Last Date of Attendance
LSF Received / Refunded
Fees Paid by Learner
Fees Refunded
Less Admin Fee
Total Refund Issued
Approved by: