

# LATROBE COLLEGE OF ART AND DESIGN

RTO 22248 / CRICOS 03157K / LCAD 138 Cromwell St Melbourne

## APPLICATION FOR REFUND FORM

**Student Name**.....

**Course applied for or enrolled**.....

**Date of Start**.....

**Fees paid** .....

**Reasons for refund (Please attach any supporting evidence)**

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.....  
.....  
.....  
.....

**Student signature** ..... **Date**.....

### Office Use Only

Refund comments:.....  
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Refunded amount:.....

Evidence for refund request attached.....