

Withdrawal and Refund Form



AVATAR INSTITUTE
OF LEARNING

Student Name

Contact Details

Address:

Phone No: _____ (Hm) Cell phone _____

Email: _____

Programme Details

Programme name: _____

Start Date: _____ Finish Date: _____ Withdrawal Date: _____

Reason for Withdrawal Briefly explain the reason for leaving this programme

Employment

Employer: _____

Position: _____

Further Training

Training Provider: _____

Programme: _____

Student Signature _____ **Date** _____

Please turn over page for refund details

Avatar Office Use Only

Result code entered	By: _____ Date: _____
Eligible for refund	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date refund processed	
Amount to be refunded	\$ _____ Deposit: <input type="checkbox"/> Full fee: <input type="checkbox"/>
Date refund paid	
Avatar sign off	Name: _____ Position: _____ Signature: _____ Date: _____