Training Masters Pty Ltd

RTO Code: 41479 | CRICOS Code: 03510J | ABN: 72 611 635 128

T: 02 8278 7722 | E: admissions@tm.nsw.edu.au

W: www.tm.nsw.edu.au

A: Level 5, 338 Pitt Street, Sydney NSW 2000



REFUND REQUEST FORM

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections. **Student Name:** Phone No: Student ID Email: Course Title: **Conditions for Refund** If, withdrawing from a course, then a copy of the Withdrawal/Cancellation Form is required to be attached. 2. Applications for refunds may take up to 28 days (4 weeks) to be processed. There is an Administration Charge to be paid by the student. Refer to the Fees Management & Refund Policy and Procedure in Student Handbook and College website. The college will attempt to return any refund back to the originating bank account or originating card or cardholder. Refunds will be paid: • To the person or entity from which the original payment was received. • In Australian Dollars, unless external requirements prevent this. Where possible, to the account from which, and using the mechanism by which, the original payment was received. Where it is not possible for the college to make a payment to the account, person or entity from which the original payment was received, the college will consult with the student, the person or entity who made the original payment and the appropriate financial institutions to determine how the refund will be paid. Confirm account details: Bank Name: _____ Account Name: ____ BSB Number: ______ Account Number: _____ Reasons for Requesting Refund (Please select the option from below that describe your situation) ☐ Student Visa Refusal ☐ Withdraw due to Student Personal Reason □ Provider default ■ Other (specify): Additional comments (if required):

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Supporting Documents

A: Level 5, 338 Pitt Street, Sydney NSW 2000



□Visa refusal letter □Withdrawal forms □Medical Certificate				
☐ Other (specify):				
Additional comments (if required):				
Ctudent Declaration				
Student Declaration				
☐ I hereby declare, acknowledge, and confirm that I have read, understood, and agreed to:				
 TM's Fees Management and Refunds Policy and Procedure 				
 TM's Student Deferment, Suspension and Cancellation of Study Policy and Procedure 				
 Terms and conditions specified in my Offer Letter and International Student Written Agreement 				
 Any incorrect information may delay the processing of this application. 				
 Any fees incurred by Training Masters due to incorrect information provided will be deducted from my 				
refund amount.				
 Information and supporting documentation I have provided is true and correct. 				
Student Signature: Date:				
Office Use Only (Accounts Department)				
Application Status		approved □		Ta (T
Original Fees Paid Total Refund Amount	\$	Receipt No		Date:
Comments:	\$	Receipt No		Date:
Comments:				
Authorised &	Name:		Signature:	Date:
Completed By	Hullio.		Oignature.	Duto.

Note:

- Training Masters does not deduct agent commissions from student refunds. Any such arrangements between the provider and the agent do not affect the student's refund entitlement.
- A copy of the Fees Management & Refund Policy and Procedure can be downloaded from the college website: https://tm.nsw.edu.au/

Refund Request Form Version: 3.0 August 2025

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