



REFUND APPLICATION

Name of Student: _____

Date(s) of Scheduled Course: _____

Reason for Request: _____

For Office Use Only

Granted/Denied (please circle applicable)

Amount Refunded: _____

Refund Cheque number: _____

Reason for Denial (if applicable): _____

Approved by (Please print): _____

Approval Signature: _____

Date: _____

This can be located:

- Quality Manual, 11 Kyle St, Emerald, Q, 4720
- www.lennontraining.com/policies