

## Change of Details Form

Student name:	
Student date of birth:	
Program enrolled in:	

☐ **Applications for Extension**

I wish to apply for a six (6) month extension to my program - [Administration Fee of \\$250](#).

☐ **Program termination**

I wish to terminate my participation in the program and apply for a refund based on the following:


<input type="checkbox"/>	GOW has cancelled the nominated course or has ceased to be registered either as an RTO or in the nominated course (the student fee will be refunded for any unassessed competencies as a proportion of the total fee less an <a href="#">Administration Fee of \$250</a> )
<input type="checkbox"/>	You send a Cancellation Request to GOW by registered post <b>within five (5) days</b> of your Enrolment Date (the full course fee will be refunded less an <a href="#">Administration Fee of \$250</a> )
<input type="checkbox"/>	You would be unreasonably disadvantaged if you were not granted a refund, for example, if you meet with a serious misadventure and you were unable to continue your enrolment. Other appropriate circumstances, such as extended hospitalisation or illness (four weeks minimum) supported by a medical certificate or pregnancy/childbirth (other than in cases of medical complication covered by the above). In this case a refund of the fee for the second semester may be given. Circumstances not usually regarded as grounds for a refund include job change, change in work hours or moving interstate or redundancy/retranchment (the course fee will be refunded for any unassessed competencies as a proportion of the total fee less an <a href="#">Administration Fee of \$250</a> )

☐ **Change of Personal Details (no charge)**

New name (documentary evidence must be supplied)	
New Address	Street City/Suburb Postcode Country
New Contact numbers	Home number                      Mobile

### Payment Method

- ☐ Cheque attached for \$ \_\_\_\_\_ (please make payable to Gow Learning International)
- ☐ **Credit Card**      Mastercard      ☐ Visa      ☐ Expiry Date \_\_\_\_ / \_\_\_\_
- Card Number:**
- ☐ **Direct Debit:** Gow Learning International  
BSB **082401** Account Number **676130112**  
Please attach bank confirmation of payment with the Change of Details Form

Student Signature		
Print Name		Date

**Send to:** Gow Learning International Pty Ltd  
Suite 211/25 Berry Street  
North Sydney NSW 2060  
Australia

Fax: 61-2-8920 8177      Email: [enrolments@gowlearning.com](mailto:enrolments@gowlearning.com)

