



RESIT FORM

SECTION A: STUDENT DETAILS			
Surname:			
Given Names:			
Date of Birth :			
Course Name:			
SECTION B: DOCUMENT REQUEST DETAILS			
I would like to resubmit _____ unit (s):			
Unit Code (s):	Unit Name (s):		
			Total # of units
			Cost per unit
			X \$ 50.00
			Total
I fully understand of the following terms and conditions:			
<input type="checkbox"/> The processing of Resit form is 10 working days from date of receipt.			
<input type="checkbox"/> Request will not be processed unless payment has been made.			
<input type="checkbox"/> Assessment needs to be re-submitted within 2 weeks after payment has been processed.			
<input type="checkbox"/> Failure to complete the 3 rd assessment of this unit will entail re-enrolment and full payment of the unit.			
Please mail to:			
Payment Method: <input type="checkbox"/> Bank Transfer - <input type="checkbox"/> Credit Card - <input type="checkbox"/> BSB# 032 272 / Acc# 162 368 <input type="checkbox"/>			
Amount: \$ _____		Card Number: _____ Expiry Date: _____	
<i>** Important Note: Please put your Full Name and Type of Payment on bank transfer description and send your transfer receipt to accounts@nswfdc.org.au</i>			
Signature:		Date:	
OFFICE USE ONLY:			
Accounts			
Checked by:		Payment Details:	
Approved by:		<input type="checkbox"/> Fully Paid <input type="checkbox"/> Partial Payment <input type="checkbox"/> Balance _____	
PEAK Training			
Comments:			
Processed by:		Date Processed:	
Date Document Sent:		Date Document Received:	