



APPLICATION FOR REFUND OF TUITION FEES (International)

THIS FORM SHOULD BE USED BY INTERNATIONAL STUDENTS TO APPLY FOR A REFUND OF TUITION FEES

- Please use BLOCK/CAPITAL letters, indicate with "N/A" where questions are not applicable and tick boxes where appropriate.
- Please submit this completed form to the International Office if you are a new commencing student, if you are a continuing student, please submit this directly to the Fees Office.
- Make sure that you have attached ORIGINAL documentary evidence supporting your application

STUDENT DETAILS This Section Must Be Completed

Student Identification Number:

Campus _____

Name	Campus:
School:	Course Title:
Email:	Telephone:
Address:	

WITHDRAWAL FROM UNIVERSITY -- PLEASE ALSO COMPLETE AN AMENDMENT TO STUDENT RECORD FORM

I AM APPLYING FOR A REFUND OF MY TUITION FEES FOR THE FOLLOWING REASON (PLEASE TICK ONE):

<input type="checkbox"/>	IN THE EVENT THAT THE UNIVERSITY DEFAULTS ON ANY COURSE OFFERED AND PAID FOR BY THE STUDENT	WEEKLY TUITION FEE X WEEKS IN DEFAULT PERIOD
<input type="checkbox"/>	IF THE STUDENT WITHDRAWS PRIOR TO THE CENSUS DATE	100% OF TUITION FEES LESS ALL NON-TUITION FEES PAID BY STUDENT
<input type="checkbox"/>	IF THE STUDENT WITHDRAWS FROM THE COURSE AFTER THE APPLICABLE CENSUS DATE	NO REFUND OF TUITION FEES OF CURRENT SEMESTER'S FEES AND FULL REFUND OF SUBSEQUENT SEMESTER'S FEES
<input type="checkbox"/>	IF THE STUDENT VISA APPLICATION IS REFUSED PRIOR TO THE CENSUS DATE	REFUND AMOUNT = COURSE FEES MINUS THE LESSER OF THE FOLLOWING AMOUNTS: A) 5% OF THE AMOUNT OF COURSE FEES RECEIVED BY THE UNIVERSITY IN RESPECT OF THE STUDENT PRIOR TO THE DEFAULT DAY; OR B) \$500

PLEASE EXPLAIN BELOW THE REASONS FOR YOUR REQUEST: -- IF MORE SPACE IS REQUIRED, ATTACH SEPARATE PAGE(S)

You must submit original and complete supporting documentation to be considered for a Refund. Supporting documentation must include enough detail for the student's request to be appropriately considered. You may be asked for more information if your supporting documentation is not appropriate/sufficient.

By signing this application for a refund I certify that I have read and understand the Refund Policy detailed overleaf and that the information that I have provided in this form is correct and complete. The grounds for my claim are set out above (and/or in an attached letter) and all ORIGINAL supporting certificates and other documentation are attached. If I am on a student visa, I understand any request for a refund will not be processed until after my eCoE has been cancelled by Student Admin/International Office.

Please allow up to 20 working days for the refund to be processed.

SIGNATURE OF STUDENT:

Date (dd/mm/yyyy):

BANK DETAILS -- REFUNDS WILL BE MADE BY ELECTRONIC TRANSFER ONLY

Name of Bank:	
Bank Account in Name of:	
Bank Branch Name:	
Bank Branch Number (BSB Number):	
Bank Account Number:	
Bank Address (full street address required):	
SWIFT/IBAN CODE(for overseas banks):	

GENERAL INFORMATION FOR STUDENT – PLEASE READ CAREFULLY

1. YOU MUST ATTACH SUPPORTING DOCUMENTATION WITH THIS REQUEST BEFORE IT WILL BE CONSIDERED.
2. The form must be lodged in person where possible directly with the Fees Office. Please keep a photocopy for your records.
3. If posting the form, registered mail is recommended. The University does not accept responsibility for forms submitted by mail which go astray unless proof of postage can be produced.
4. You will be advised in writing of the decision as quickly as possible.
5. A student of the University may access the on-campus Student Counselling Service for support – an appointment can be made by phoning (08) 9433 0580 for Fremantle campus, (02) 8204 4220 for Sydney campus.

CONDITIONS

1. A refund of tuition fees for International Students will be done in accordance with the University's Refund Policy as is required by the ESOS Act and National Code.
2. A Student is expected to have read and understand the University's General Regulations and any relevant Policies or Guidelines that relate to a request for a refund before he/she completes and submits this application form.
2. The student may be required to submit further information if adequate detail is not provided in the relevant forms/attachments.
3. Where a student is applying for a refund due to exceptional circumstances after the standard semester Census Date, the student will be required to complete and submit an Application for Retroactive Withdrawal (which will be considered in accordance with the University's General Regulations and Policies regarding retroactive withdrawal).

APPEALS

A student may request the Campus Registrar to review the amount stated in the Notification of Refund Statement sent to the student. For Fremantle and Broome Students the address is: Fremantle.Registrar@nd.edu.au, for Sydney students: Sydney.Registrar@nd.edu.au). A review request should be made in writing clearly stating the reasons the student is disputing the amount and should be made within 20 working days of the date of the Notification of Refund. A student may be requested to provide independent documentary evidence supporting their reasons. If the student remains unsatisfied, an appeal of the Campus Registrar's decision can be made to the University Registrar in accordance with the *Policy: Student Appeals*.

Privacy Statement: The information provided in this form will only be used for the administrative or educational purposes of the University, or in accordance with your specific consent. The University will not disclose your personal information to a third party unless required to or permitted by law or where you have consented to the disclosure. Information relating to how the University collects, uses or discloses your personal information and how you may complain about the University's handling of your personal information is contained in the University's Privacy Policy at www.nd.edu.au/privacypolicy. The University may disclose your personal information to the Australian Government or to other authorised agencies if required to do so under legislation. You have a right to access your personal information that the University holds about you and to seek its correction. If you wish to access your personal information or enquire about the handling of your personal information, please contact the relevant Campus Registrar via email: Fremantle.Registrar@nd.edu.au (for Broome / Fremantle Students), or Sydney.Registrar@nd.edu.au (for Sydney Students)

PRO VICE CHANCELLOR, INTERNATIONAL (or delegate) RECOMMENDATION:

REFUND RECOMMENDED
 REFUND NOT RECOMMENDED

Grounds:

Medical
 Visa refusal
 Compassionate
 Trauma
 Other: _____

SIGNATURE OF MANAGER:
Date (dd/mm/yyyy):

MANAGER, FEES OFFICE (or delegate) APPROVAL:

REFUND APPROVED
 REFUND DENIED

SIGNATURE OF MANAGER:
Date (dd/mm/yyyy):