

## **Application for Tuition Fee Refund (Compassionate Withdrawal)**

Fill in this form to apply for a Tuition Fee Refund for compassionate reasons for subjects in Education.

## **Student Details**

Student Number					
Family Name					
First Name					
Email address					
Date of Birth					
Mobile Number					
Payment Method	☐ Fee Help ☐ Upfroi		☐ Upfron	t Payment	
Unit Details					
Current Course					
Year					
Study Period					
Unit Code	Unit Title			Lecturer	
Basis for Application					
Reason for Application:					
☐ Medical		□ Wor	Work changes beyond your control		
☐ Family/Personal			Covid related circumstances beyond		
<i>"</i>			your control		
□ Other					

## **Details of Reason** Please provide a brief description of your current circumstances and how they are affecting your ability to complete your unit(s). **Supporting Documentation** This can include medical certificates, not-negotiable work-related notifications, letters of support from your pastor, counsellor, etc., which include the dates of the circumstances that affected your ability to study and their support for a Tuition Fee Refund based on compassionate grounds. If your request is related to the impact of COVID (eg changes to workload, lockdown restrictions, family responsibilities, care for family members, or impact on your physical or mental health) please upload a personal statement outlining these impacts. You can also upload other supporting documentation as outlined above. **Documentation Provided** (please attach to email) **Medical Certificate Letter of Support Personal Statement** None Other

Date

Signature