Application for Refund of Fees

Eligibility for refund is assessed under the UOW Fees Policy
www.uow.edu.au/about/policy/UOW058686

Student Details

First Name: ___________________________ Student ID: ___________________________

Last Name: ___________________________ Phone: ___________________________

Address: Number & Street: ___________________________

Suburb/Town: ___________________________ Email: ___________________________

Email: ___________________________

State: __________________ Postcode: __________________ Country: __________________

Refund Details

I would like a refund of my:

☐ Domestic Tuition Fees – Please tick the appropriate option –

☐ Refund of Upfront Payment

☐ Removal of HELP Debt

☐ International Tuition Fees

☐ Fee Overpayment – Please specify the amount in credit $____________________

☐ Other Please specify: ___________________________

Reason for seeking refund due to special circumstances

Please state in full detail your reason for seeking refund of your fees. If providing information on special circumstances, please ensure supporting documentation is attached.

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If the space provided is insufficient to outline your case, please attach additional page.
### Subject/s for which you are applying to have your tuition fee refunded

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<th>Subject Code</th>
<th>Subject Name</th>
<th>Session/Semester</th>
<th>Year</th>
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### Refund payment options available for approved cases

Please tick which option you prefer:

- [ ] Credit remain in UOW account (it can only be held up to 12 months)
- [ ] Cheque sent to: [ ] Only available to Australian address listed in SOLS
- [ ] Bank transfer to: [ ] An Australian account (provide details below - grey shaded areas only)
  - [ ] An overseas account (provide details below & overseas address in Student Details).

**UOW is not responsible for any delay which is caused by unclear handwriting or incorrect information provided by the student.**

#### Bank transfer Details:

- **Bank Name**
- **Branch**
- **Bank Address**
- **Account Number**
- **BSB Number**
  - (local accounts)
- **Account Holder’s Name**
- **Swift Code**
  - (international accounts)
- **IFSC Code (India)**
- **IBAN**
  - (UAE/Pakistan/Europe)
- **Account Holder’s Phone**
- **Account Holder’s Street Address**
  - State:
  - Zip Code:
  - Country:
Student Checklist/Declaration

Please complete the following checklist:

☐ I have read and understood the UOW Fees Policy available at: http://www.uow.edu.au/about/policy/UOW058686.html
☐ I have attached [Pages] documentary evidence to support the circumstances of my refund application.
☐ I have provided current mailing address and valid bank details.
☐ I have withdrawn the subject(s) before submitting this refund application to Student Central.

Declaration

Personal information collected on this form or supplied by you to the university will be treated in accordance with Privacy Act 1988 and any relevant guidelines. The information collected is used for the purpose of assisting the University to make an informed decision on your application. If your debt is reduced or removed, the Department of Education and ATO are provided with necessary details to enable this (where applicable). The authority to collect this information is contained in the Higher Education Support Act 2003.

I declare that:

☐ I wish to apply for a refund or remission of my University tuition fees.
☐ I declare that the information I have given on this application is correct.
☐ I understand that if I knowingly make false or misleading statements, I may be liable for prosecution.

Student’s Signature: ........................................... Date: ...................................

Return Completed form to Student Central:
Building 17, Ground Floor, Northfields Ave, NSW 2522
Ph: 4221 3927
Fax: 4221 4322 OR: Email: student-fees@uow.edu.au

Office Use Only

Fees Officer’s Recommendation(if applicable)

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Fees officer’s Name: ...................... Signature: ...................... Date of Recommendation ............

Manager’s Decision
☐ Approved
☐ Declined

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Manager’s Name: ...................... Signature: ...................... Date of Recommendation ............

SSD-CS-FRM-075 Application for Refund of Fees 2014 November 19

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