

1. STUDENT DETAILS

PO Box 2286 Strawberry Hills NSW 2012 CRICOS Provider Code: 03662D ABN: 19 892 732 021

P +61 2 9805 6444 E studentinfo@aftrs.edu.au W aftrs.edu.au

APPLICATION FOR RE-CREDIT OR REFUND OF FEES

If you withdraw from your course or do not complete course requirements after the census date you can apply in certain circumstances to have your FEE-HELP balance re-credited or your upfront payment refunded. The AFTRS Recrediting FEE-HELP Balances or Upfront Payments is developed in accordance with the requirements of the Higher Education Support Act 2003 (HESA) and the FEE-HELP Guidelines.

Time limits for applying: Your application and supporting documentation must reach AFTRS within 12 months of the date of withdrawal from the subject(s). If you did not withdraw, you must lodge your application within 12 months of the last day of the study period in which you were enrolled in the subject.

Please refer to the section in the Student Handbook before completing this form or talk to the Student Centre.

Name:			Student No.				
Course:							
Date of withdrawal:		Semester or Subject Fees:	\$				
2. REASON FOR APPLICATION							
they are: Beyond a stude Did not make th	a re-credit to your FEE-HELP balance nt's control; or leir full impact on a student until on, cical for a student to complete the re	or after, the Census	s Date; or	pecial circumstances,			
Circumstances may inclu	ude medical, family/ personal, emplo	yment or be course	e related.				
Please address these cricounsellor, letter from y	iteria in your application and attach rour employer, etc.	supporting docume	entation e.g. lette	r from your doctor or			



3. STUDENT DECLARATION
I declare that the information I have submitted in this application is true, correct and not misleading. I understand that
AFTRS may vary or reverse any decision concerning my application or not process my application if this is not the case,

AFTRS may vary or reverse any decision concerning my application or not process my application if this is not the case, and that giving false or misleading information may also be an offence under the *Criminal Code*. [I authorise AFTRS to contact any person or organisation giving supporting documents for the purpose of verifying the information they contain.]

Signed:	Date:	

4. PRIVACY INFORMATION

AFTRS requires the information you give in this application, and in supporting documents, to process the application. Where required to meet AFTRS' legal or administrative obligations, AFTRS may disclose information in it to other Australian government entities. AFTRS collects and deals with your personal information according to Australian privacy law and AFTRS' Privacy Policy, which sets out how you may access and correct the personal information AFTRS holds about you, and how you may complain about any privacy breaches.

Office Use Only					
5. RECOMMENDATION AND APPROVAL					
Application received in the Student Centre:	Date:				
Application complete with all required documents:	Date:				
Head of Learning and Student Experience: Recommended Not Recommended	Signature:	Date:			
Director of Curriculum and Student Registrar or their delegate: Approved Not Approved	Signature:	Date:			
Statement of reasons (if applicable):					
6. STUDENT CENTRE ACTION					
Applicant's academic record checked for marks in M	Date:				
Applicant advised of decision:	Date:				
Compliance and Project Manager notified:	Date:				
Finance notified:	Date:				
Purchase requisition forwarded to Finance (if applica	Date:				

