

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:	Date of withdrawal: Semester or Subject Fees:		\$			
2. REASON FOR APP	LICATION					
You may only apply for a re-credit to your FEE-HELP balance or a refund of your upfront fees in special circumstances, they are: • Beyond a student's control; or • Did not make their full impact on a student until on, or after, the Census Date; or • Made it impractical for a student to complete the requirements of the semester.						
Circumstances may include medical, family/ personal, employment or be course related.						
Please address these criteria in your application and attach supporting documentation e.g. letter from your doctor or counsellor, letter from your employer, etc.						
	year employely etc.					



I declare tha AFTRS may v and that givi	the information I have submitted in this application is true, correct and not reary or reverse any decision concerning my application or not process my application or misleading information may also be an offence under the Criminal person or organisation giving supporting documents for the purpose of verificial	lication if th <i>Code</i> . [I au	nis is not the case, thorise AFTRS to
contact any contain.]	person or organisation giving supporting documents for the purpose of verify	ing the into	rmation they
Signed:		Date:	
4. PRIVAC	YINFORMATION		
Where requ	res the information you give in this application, and in supporting documents ared to meet AFTRS' legal or administrative obligations, AFTRS may discloss overnment entities. AFTRS collects and deals with your personal informations.	se informat	tion in it to other

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:		
Director of Teaching and Learning 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 Manager notified:	Date:		
Finance notified:	Date:		
Purchase requisition forwarded to Finance (if applic	Date:		

