

## FEE REFUND APPLICATION FORM (NON FEE-HELP)

For information about this form, please refer to the [Student Fee Charges and Refund Policy](#). If you are a domestic student with a FEE-HELP loan and you are seeking a refund or to remit and cancel your FEE-HELP debt under special circumstances, please refer to the [FEE-HELP Refund Policy](#) and use the [FEE-HELP Special Circumstances Form](#).

### 1. Student Details

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|                           |                       |
|---------------------------|-----------------------|
| <b>Student ID:</b>        | <b>Date of Birth:</b> |
| <b>Student Full Name:</b> |                       |
| <b>Email:</b>             | <b>Telephone:</b>     |

### 2. Unit of Study Details

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|  |  |
|--|--|
| <b>Course Code:</b>  | <b>Course:</b>   |
| <b>Unit(s) of Study:</b> (please list all affected Units of Study in which you seek a refund): | <b>Teaching Period</b> (for each affected Units of Study): |
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### 3. Refund Grounds

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Please complete this section if you have withdrawn or discontinued from your units or study or course before the dates required under the [Student Fee Charges and Refund Policy](#). If not, please proceed to section 5.

|  |
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| <b>Why are you applying for a refund?</b><br>(Please set out the grounds upon which you seek a refund) |
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#### 4. Refund Details

|                                      |   |
|--------------------------------------|---|
| <b>Who is the refund payable to?</b> | <input type="checkbox"/> <b>Self</b><br><input type="checkbox"/> <b>Third Party</b> |
|--------------------------------------|---|

**Please note:** If the fees were originally paid by a third party, any refund must be paid to that third party.

#### Bank Account Details for Refund

|                             |                        |
|-----------------------------|------------------------|
| <b>Bank Name:</b>           |                        |
| <b>Account Holder Name:</b> |                        |
| <b>BSB:</b>                 | <b>Account Number:</b> |

#### 5. Refund where withdrawal date has not been met

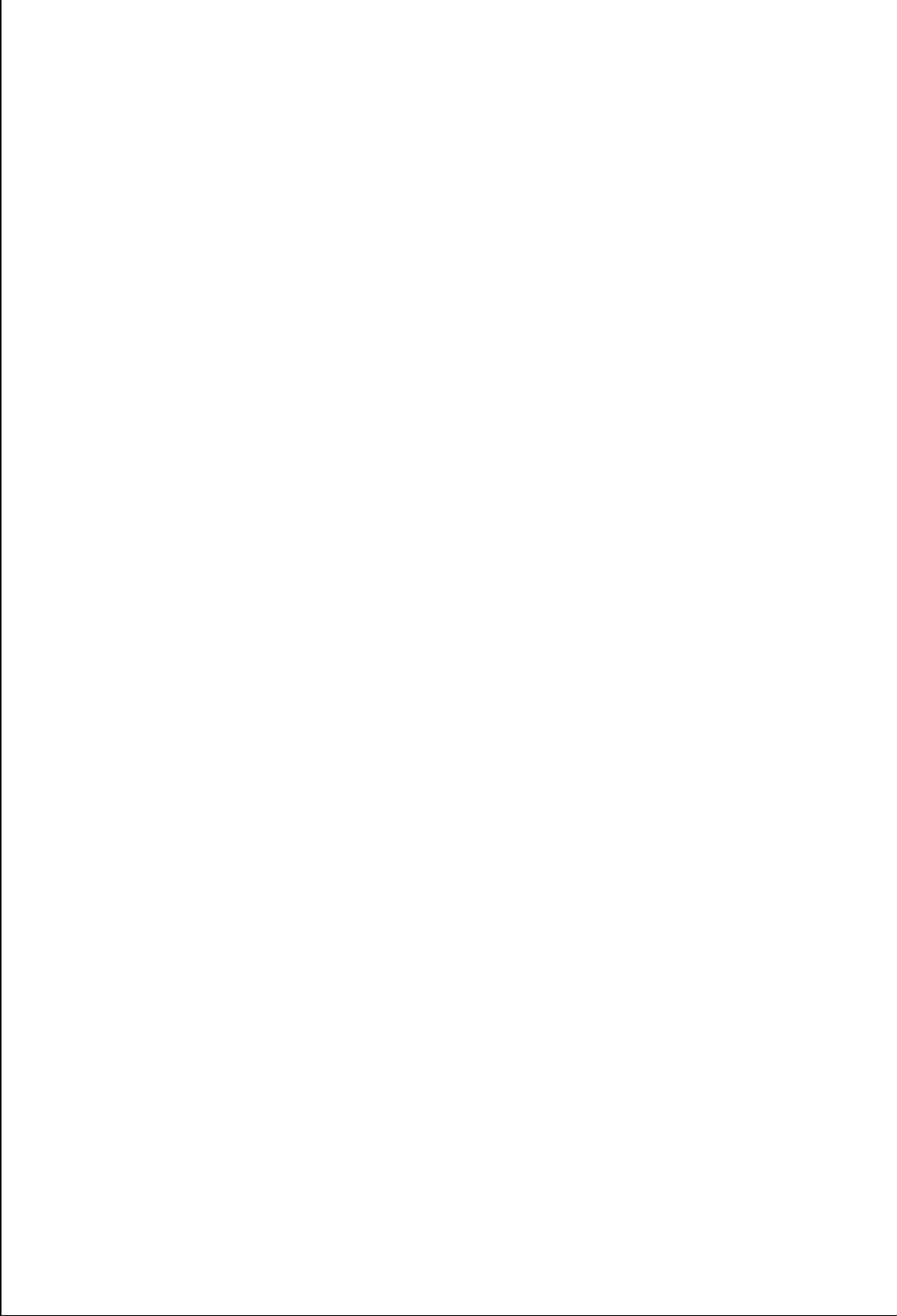
Please complete this section **only** if you have not withdrawn or discontinued your units or study or course before the dates required under the [Student Fee Charges and Refund Policy](#).

|  |   |
|--|---|
| <b>Why are you applying for a refund?</b> (please tick the appropriate box(es)): | <input type="checkbox"/> <b>Family</b><br><input type="checkbox"/> <b>Financial Issues</b><br><input type="checkbox"/> <b>Bereavement or loss</b><br><input type="checkbox"/> <b>Medical (including Mental Health)</b><br><input type="checkbox"/> <b>Other</b> |
|--|---|

**Please set out your special circumstances.**

(For example, you need to provide us all the important information regarding the circumstances which affected your ability to withdraw before the relevant date, including a description of your circumstances and a time line of events).

If the space provided in this form is not sufficient, please attach a separate page to outline your special circumstances to this form.



**Please set out how your circumstances impacted your ability to study.**

If the space provided in this form is not sufficient, please attach a separate page to outline your special circumstances to this form.

**Please set out the date(s) or when you noticed the full impact of your circumstances on your unit(s) of study.**

If the space provided in this form is not sufficient, please attach a separate page to outline your special circumstances to this form.

## **6. Supporting Information and Documentation**

Please attach supporting information and documentation for your circumstances set out in section 5 of this form.

## 7. Student Acknowledgment

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By submitting this form, you acknowledge that:

- the information you provide is true, that it accurately represents the facts of your circumstances and includes all details relevant to your application to CG Spectrum Institute (**CGSI**);
- you have not withheld any information, which is relevant for consideration of CGSI; and
- providing incorrect or incomplete information may delay the processing of your application.

## 8. Privacy Statement

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CGSI recognises the importance of your privacy and is committed to protecting your personal information from unauthorized use and disclosure, except where permitted by law. By submitting this form, you consent to the disclosure of your personal information (including any sensitive information) to CGSI for the purposes of reviewing and considering your special circumstances application.

For more information about how we collect, handle, store and disclose personal information, please refer to our [Privacy Policy](#).

## 9. Signature

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Student's signature \_\_\_\_\_ Date: / /

Submit your form by email to [admin@cgspectrum.institute.com](mailto:admin@cgspectrum.institute.com)

## Office Use Only

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|-----------------------|------------------------|
| <b>Date Received:</b> | <b>Date Processed:</b> |
| <b>Processed by:</b>  |                        |
| <b>Notes:</b>         |                        |