

Student Fee Refund Form

Purpose of the form:

This form should be completed and submitted by students who are applying for a refund of the fee amount that has already been paid to the Higher Education Australia (HEA).

Instructions to complete and submit the form:

1. Before completing this form, please carefully read and understand the HEA's *Student Fees and Refund Policy and Student and Fees Refund Procedure*.
 2. Please carefully read and address the sections of this form that apply to your fee refund application. If you need assistance understanding this form, please contact HEA's reception or Student Support Services by phone or visit them in person or email them at admin@highereducationaustralia.org.
 3. Please type this form as handwritten forms cannot be processed, and for us to properly read and understand your fee refund application.
 4. Please e-mail the completed form along with any supporting documents to admin@highereducationaustralia.org or submit the completed form along with any supporting documents in person to the Student Support Services.
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Section A: Student Personal Details

Student ID:

Family Name:

Given Name (s):

Date of Birth:

E-mail:

Mobile Number:

Address:

Section B: Fee Refunds Details (to be completed by domestic students)

Course Name:

Census Date:

Fee Refund amount (AUD): \$

List the units for which you are seeking refund:

Reasons for fee refund: *(please also provide any relevant documents to support your reasons)*

Nominated Bank Account Details for transfer of funds: *(please provide details of the account to which you would like the fee refund to be paid, if approved)*

Bank Name:

Account Name:

BSB:

Account Number:

Section C: Fee Refunds Details (to be completed by international students)

Course Name:

Course Start Date:

Fee Refund amount (AUD): \$

Reasons for fee refund: (please also provide any relevant documents to support your reasons)

Nominated Bank Account Details for transfer of funds: *(please provide details of the account to which you would like the fee refund to be paid, if approved. If you would like to nominate another person to receive the fee refund on your behalf, please complete Section D)*

Bank Name:

Bank Address:

Country:

Account Name:

Account Number:

SWIFT Code:

Section D: Nominated Account Details *(must only be completed by an international student who would like their fee refund to be paid if approved by HEA in another person's bank account)*

Nominated person's full name:

Email:

Mobile Number:

Your relationship to the nominated person:

Banks Account Details:

Bank Name:

Bank Address:

Country:

Account Name:

Account Number:

SWIFT Code:

Student Authorisation:

☐ I, _____ (full name) authorise Higher Education Australia to pay the full amount of any approved fee refund to the nominated person's bank account details as provided in the above Section D of this form.

Section E: Student Declaration

☐ I have carefully read and understood Higher Education Australia's requirements in their *Student Fees and Refund Policy and Student Fees and Refund Procedure*.

☐ I understand that my fee refund application will be assessed against Higher Education Australia's standards in the *Student Fees and Refund Policy and Student Fees and Refund Procedure*.

☐ I declare that all the details/information provided by me for the fee refund application are true, correct and authentic.

Student Signature: _____ **Date:** _____

HEA's Office use only:

Application received on: ____/____/____

Application received by:

Is the form complete and the applicable supporting documents are attached?

☐ Yes

☐ No (student has been contacted for further information)

Application Outcome:

☐ Rejected: student informed in writing of the application outcome and of their appeal rights in accordance with the Student Complaints and Appeals Policy and Student Complaints and Appeals Procedure.

Reasons for Rejection:

☐ Approved: student informed in writing of the application outcome and the below details.

Approved fee refund amount (AUD):

Authorised by:

Date Paid:

Payment Method:

Receipt Number:

Date of notification sent to student:

Authorised Staff Signature:

Date: