

Application for Refund of Tuition Fees Only



Complete this form if you have available credit on your student account and wish for the amount to be refunded to you.

Student Details

Student ID: **Citizenship Status:** Domestic International

Family Name: _____ **Given Names:** _____

Contact Number: _____

Email: _____
(Please note all correspondence concerning your application will be sent to this email account)

Course Information

Course Code: _____ **Course Name:** _____

Reason for Refund

Unit(s) or Course Withdrawal Did not meet Course Entry Requirements*

Overpayment Medical*

Visa Refusal * Other (please specify): _____

*Please provide supporting documents

Further information:

Student ID:

Refund Details

Requested refund amount AUD\$ _____

Please do not provide bank or credit card details. We will contact you should we require this information.

Declaration

- I have read, understood and agree to the terms of the [International Student Refund Agreement / English Language Courses Refund Agreement](#) (for International Students only).
- I understand that all refunds must be made to me, the student, or (if applicable) to the original fee payer. Payments to a third party will not be processed.
- I understand that payments will be refunded in the same method in which it was received (ie. credit card, Flywire, PayPal).
- I understand and accept I am liable for certain financial costs and charges which may apply to me, including but not limited to bank transaction fees.
- I authorise the professional on the supporting documentation provided to release my information to Curtin University if any further information pertaining to this application is required.
- I am over the age of 18 years old (if you are under 18 years old, this document must be co-signed by your Parent/Legal Guardian/Carer).
- I have read, understood and agree to the terms of the 'Application for Refund of Tuition Fees Only' and confirm the information provided in this application is true and correct.

Student Signature: _____ Date: _____

Parent/Legal Guardian/Carer: _____ Date: _____

Lodgement

Send your completed application to:

studentrefunds@curtin.edu.au

OR

Student Finance & Statutory Reporting, Student Services
Curtin University
GPO Box U1987
Perth WA 6845