## **REFUND OF EXAMINATION CHARGES**



(ONSHORE STUDENTS ONLY)

Complete and sign this form to apply for a refund of examination charges in exceptional circumstances. Please ensure you read the information and instructions below carefully.

## INFORMATION ABOUT REFUND OF EXAMINATION CHARGES

- You can only use this form if you have paid to sit for an examination and you want to apply for a refund due to exceptional circumstances.
- The refund will only be granted if there are exceptional circumstances at the time of payment of the charge and/or the examination being held.
- You must provide an explanation AND supporting documentation in order for your application to be considered.
- If we need to contact you we will do so via your VU email account. Please be sure to check this account on a regular basis.
- You must submit this form within 12 months of incurring the charges.
- If your refund is granted we will send a cheque to your semester address.

## INSTRUCTIONS

- 1. Pay the charge first to ensure you are eligible to sit for the examination.
- 2. Attach a copy of your receipt to this application.
- 3. Obtain relevant supporting documentation from your medical practitioner, VU counsellor or Welfare officer or other as described below and attach it to your application.
- 4. Please describe your circumstances as clearly and in as much detail as possible so that we can accurately assess your application.
- 5. Submit your form to a Student Service Centre, online at <a href="www.vu.edu.au/askvu">www.vu.edu.au/askvu</a> or by mail or fax to the contact details below.
- 6. You will be notified of the outcome of your application, usually within 28 days.

Please w	rite in BLOCK LETTERS using a black or blue pen.					
FAMILY N	NAME:		STUDENT ID:			
GIVEN NA	AME:		DATE OF E	BIRTH: / /19		
PHONE:	MOBILE PH	ONE:	EMAIL:			
UNIT(S)	OF STUDY FOR WHICH I AM REQUESTING THIS REFU	IND:				
UNIT OF STUDY CODE		UNIT OF STUDY TITLE	UNIT OF STUDY TITLE		YEAR	
					1	
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	FOR REQUESTING REFUND (YOU MUST ATTACH SUPI		I ATTACH PROUP OF PA	T/MENT)		
Please pr	FINANCIAL HARDSHIP (Please attach a Letter from HICH DATE DID THESE CIRCUMSTANCES APPLY? rovide an explanation that best describes why you are that the information I have indicated above best describes.	/ /20 e applying for this refund below (if insufficient space	e, attach a separate she	et):		
Privacy in	nformation on the reverse of this form.					
STUDENT	SIGNATURE:			DATE: /	/20	
OFFICE USE ONLY	DO YOU APPROVE THIS REFUND? YES NO	Student advised of outcome:	/ /20	Refund submitted to Finance Dept:		
	PROCESSED BY:	SIGNATURE:		DATE:		
CONTACT Enquiries Phone Fax Web	GOTOVU www.vu.edu.au/gotovu +613 9919 6100 +613 9919 2853 www.vu.edu.au/future-students	City King Footscray Nicholson	Newport St Albans Sunshine Werribee	MAIL TO Assessment and Graduation St Albans Campus Victoria University PO Box 14428 Melbourne VIC 8001	ons Office	
PRIVACY IN	IFORMATION					

We collect your personal information in accordance with the Privacy Statement for students (<a href="www.vu.edu.au/current-students/student-essentials/commonly-used-forms">www.vu.edu.au/privacy</a> and the Privacy Policy (<a href="www.vu.edu.au/privacy">www.vu.edu.au/privacy</a>