

STUDENT ADMINISTRATION

REQUEST FOR FEE REFUND (INTERNATIONAL STUDENTS ONLY)



FEES AND STUDENT FINANCE UNIT LOCKED BAG 1797, PENRITH NSW 2751

Please complete this form in **BLACK INK** using **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross (**X**). Please note that it is the normal practice for credit balances to be carried forward in **FULL** for enrolled students. If you are not at the last session of enrolment you may wish to reconsider applying for a refund.

	Student ID number		Daytime contact phone number															
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In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies. CRICOS Provider code: 00917K

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3 - OVERSEAS BANK DETAILS	
Please ensure that your full overseas bank details a	are provided to avoid any delays in processing your refund.
Account holder's name	
Account holder's address	
Name of bank	Branch name
Address of bank	
Account number	
SWIFT/BIC code* IFSC	C India code* IBAN - UK, Europe code*
Sort code* ABA or routing	g number* *It is essential that you provide one of these codes
	in order to receive a refund
4 - AUSTRALIAN BANK DETAILS	
Please ensure that your full Australian bank details	s are provided to avoid any delays in processing your refund.
Account holder's name	
Account holder's address	
Name of bank	Branch name
Branch number	Account number
5 - REASON FOR NOT CONTINUING STUDY	
	rom your current/future course at Western Sydney University, please
indicate your reason for withdrawing (please tick th	
Health reasons/illness (please provide evidence	Transferring to another institution (please indicate why):
Financial difficulties	Competitive tuition fee
Personal/family issues (please provide evidence	ce) Course change
	☐ More convenient location
Have not met conditional requirements:	Study experience (please provide evidence)
English proficiency	☐ Not enough Advanced Standing granted
Academic requirements	
6 - DECLARATION AND SIGNATURE	
	ow that I am resigning from my course of study as indicated above.
Student's signature	
X SIGN HERE	Date D D / M M / Y Y Y