REQUEST FOR FEES REFUND

UNIVERSITY OF TASMANIA

Please return to:

Fees Unit, Student and Academic Services
University of Tasmania
Locked Bag 1345
LAUNCESTON Tas 7250
Fax: (03) 6324 3026

Student Id: ..... **Campus:** .....

Family Name: ..... **Given Names:** .....

Address for Communications: .....

..... **Telephone Contact:** .....

Reason for Refund: ..... **Amount Requested: $** .....

IF *the refund payment is to be made to a party other than the student, written authorisation from the student must be provided here.*

I authorise payment of my overpaid fees to (Name of Individual or Organisation) ……..

…….

IF you wish the University to retain your Student Contribution (HECS) credit towards future liabilities, please provide your consent here:

Signature: ……..

All refund payments will be made in Australian Dollars and it is University policy is to make payments by Electronic Funds Transfer (EFT).
Please complete your (or authorised beneficiary) banking details:

Australian Account

BSB Number: |___ | ___ | ___| -|___ | ___ | ___| *Must be 6 digits*

Account Number: |___ | ___ | ___| ___ | ___ | ___| ___ | ___ | ___| *Maximum 9 digits*

Account Name: _____ *e.g. John Smith*

Bank Name: _____ *e.g. ANZ, CBA, NAB,WBC etc*

Branch: _____ *e.g. Mowbray, Sandy Bay*

E-mail Address or Fax No: _____

Overseas Account

Full Account Name: _____

Full Account Number: _____

Bank Name: _____

FULL Bank Address: _____

_____ *Required: Building, Street, Suburb, City, State, Country*

SWIFT, Routing or ABA Number (Bank Branch Identifier): _____

I will not be making further variations to my enrolment which will affect the fees payable. I understand that payment of the refund may take up to 4 weeks to process.

Applicant's Signature: ..... Date: ……../……../……..

UNIVERSITY USE:

Amount Approved: $…… less ……...% = $……..…….

Date Withdrawn: ……..……./……..…./…… ELC Only: Module …….. / …….. Weeks

Refund Approved: ..... Date: ……../……../……..

Fees Unit Use:

Refund Request No: Date Received: ……../…… Form Version: 11-Feb-05