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|  | | Student Fee Credit / Refund Application  for Extraordinary Circumstances | | | | | | | |
| **SECTION a: REQUEST FOR FEES CREDIT/REFUND (To be completed by the student)** | | | | | | | | | | |
| **Name** |  | | **Application Date** | | |  | | | | |
| **Student ID** |  | | **Qualification** | | |  | | | | |
| **Email** |  | | **Faculty** | | |  | | | | |
| **Phone** |  | | **Enrolment Year** | | |  | | | | |
| **I am enrolled as a** | | | | Domestic Student | | | International Student | | | |
| **Please detail your reason(s) for withdrawing from study and why you are requesting a refund\* or credit.** *You should include details of the paper(s) you wish to withdraw from and attach evidence that supports your request, such as medical certificates, police reports, death certificate or other information if available.* | | | | | | | | | | |
| **Please indicate what you wish to apply for (circle)** | | | Fees Credit  (Domestic students only) | | | Refund\*  (Domestic and international students)  \* *A refund is only considered if the extraordinary circumstances are such that a return to study at the next opportunity is unlikely* | | | | |
| **Which course(s) do you wish to seek a Fees Credit/Refund from?** | | | | | | | | | | |
| **Course Code** | **Course Name** | | | | | | | | | |
| **/** |  | | | | | | | | | |
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| **/** |  | | | | | | | | | |
| **Please list all supporting documents attached to this application**  **NB**: Evidence must identify that there were extraordinary circumstances beyond your control. These include but are not restricted to death, serious illness, trauma, family circumstances and wrong course of study. The dates / time frame of the circumstances must be included. | | | | | | | |  | | |
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| **SECTION B: Student Declaration (To be completed by the student)** | | | | | | | | | | |
| * I agree to abide by the Fees regulations and policies of AUT; I understand that the percentage of any refund will depend on these and that they are available to view on the AUT website at [www.aut.ac.nz/fee-refunds](http://www.aut.ac.nz/fee-refunds) * I acknowledge that my application will not be progressed if additional evidence is requested but not provided within 28 working days. * I have read and understand how this information will be managed and disclosed in accordance with the Privacy Act 1993, and as outlined on the University website [**www.aut.ac.nz/privacy**](http://www.aut.ac.nz/privacy)and in the University Calendar. | | | | | | | | | | |
| ***Fees credit only***   * I understand that if I am unable to take up the Fees Credit at the next available opportunity, I must obtain further approval by contacting the Enrolments team at [feesandenrolments@aut.ac.nz](mailto:feesandenrolments@aut.ac.nz). * If I withdraw at any time from the credited courses (including within the refund period), I will not be entitled to any refund or further Fees Credit without an application. * Any additional course costs, or an increase in fees, is not covered by the Fees Credit * If I have used my Free Fees entitlement, I can only select the fees credit option, not the refund option | | | | | | | | | | |
| *I have read and understood the above terms and conditions* | | | | | | | | | | |
| **Name** | | | | | **Signature** | | | | **Date** | |
| ***Once you have completed Section A and B, forward this form to your Faculty Administrator*** | | | | | | | | | | |

THE REMAINDER OF THIS APPLICATION IS FOR OFFICE USE ONLY

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| **SECTION C: Faculty Recommendation (To be completed by an authorised Faculty representative)** | | | | | | | |
| ***Course Code*** | **Enrolment Status (Paid, Invoiced, Non-enrol, Withdrawn)** | | | ***Recommendation - e.g. Paper Credit / Refund / New programme of study /Declined / Cancellation of enrolment / More evidence required*** | | ***Supporting Outcome e.g. Enrolment in next intake / Leave of absence / Variation of Study/New programme of study / Cancellation of enrolment*** | |
| */* |  | | |  | |  | |
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| */* |  | | |  | |  | |
| ***Comments***  *This application should be scanned with supporting documents and emailed to* [*fees.management@aut.ac.nz*](mailto:fees.management@aut.ac.nz) | | | | | | | |
| *The above recommendation has been made by:* | | | | | | | |
| **Name** | | | **Position** | | | | **Date** |
| **SECTION D: Approval of the Extraordinary Fee Credit / Refund Committee** | | | | | | | |
| **Name** | | | **Signature** | | | | **Date** |
| **Course Code** | **Application Result** | | | | | | |
| */* | *Course Credit 🞎 \_\_\_% Refund 🞎 New Programme 🞎* | | | | | | |
| */* | *Course Credit 🞎 \_\_\_% Refund 🞎 New Programme 🞎* | | | | | | |
| */* | *Course Credit 🞎 \_\_\_% Refund 🞎 New Programme 🞎* | | | | | | |
| */* | *Course Credit 🞎 \_\_\_% Refund 🞎 New Programme 🞎* | | | | | | |
| **Fees Refund Action** | | | | | | | |
| Refund letter 🞎 | | Arion Refund 🞎 | | | Date: | | |