

Remission of Financial Liability due to Special Circumstances Application Form - HE

	I have read the <u>Remission of Financial Liability due to Special Circumstances Policy - HE</u> prior to completing this form.
	I understand that to be eligible for remission of financial liability students must meet the following criteria:
	1. The student was still enrolled in the subject after census date
	2. The student did not complete the subject
	3. The student applies within 12 months from the date they withdrew from the subject
	4. The student is able to demonstrate with supporting documentation that special circumstances are applicable to their case including:
	○ The circumstances were beyond their control
	The circumstances did not make their full impact until on or after census date
	The circumstances made it impracticable for them to complete the subject / course requirements.
	I have read all eligibility requirements outlined on the application form.
	I have attached all certified copies of the originals for supportive documentation (no originals will be accepted).
	I acknowledge that the application will be delayed if certified documentation is not submitted at the time of the application, and if certified documentation is not presented all applications will be reviewed based on the initial documentation submitted within thirty working days.
	I confirm that this application does not relate to cancellation fees (International students - refer to the <u>Refund</u> <u>Policy - International</u> for any cancellation fees).
Remi	Irrent HE students are requested to submit the application via the Student Portal > Fees, Refunds and significant significan
	rmer HE students are requested to complete this form via the College website, and attachments and supporting ed documentation must then be emailed to remissions@endeavour.edu.au (no hard copy applications will be sted).
	application will be determined on its merits in line with the <u>Remission of Financial Liability due to Special</u> <u>mstances Policy - HE</u> .
1. P	ERSONAL DETAILS
Stud	ent Number Campus Date of Birth
Title	Given Name Family Name
Addr	ess

Australian College of Natural Medicine Pty Ltd trading as Endeavour College of Natural Health and Endeavour Wellness Clinic (IHE PRV12070, CRICOS #00231G, RTO #31489)



Suburb		State	Postcode			
Phone Number						
Email						
2. COURSE DE	ETAILS					
Current Course Nam	ne					
Expected Year of Completion						
3. RELEVANT	SUBJECTS					
SUBJECT CODE	SUBJECT NA	AME	TEACHING PERIOD	CENSUS DATE		
4. REQUEST						
□ Re-credit of F						
□ Re-credit of u	Re-credit of upfront paid tuition fees towards a future teaching period					
□ Refund of up	Refund of upfront paid tuition fees					
- 5444/54						
5. BANK DETA						
Complete account de	etails if applying for a refund of u	pfront paid tuition fees				
Account Name	В	SB	Account No			
6. DECLARATI	ON					
	tion: Due to circumstances beyoned by the normal application of C			udies or have been		
Please tick whichever is applicable:						
☐ Medical reas	Medical reasons					
☐ Family / pers	Family / personal reasons					
□ Employment	Employment related reasons					

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Code F-025 Version: 16.0



	Financial related reasons		
Pleas	e provide a personal statement on the details for whichever reason you have selected above:		
I (the	undersigned), declare that: (tick each)		
	I have read and understood the eligibility criteria listed within the Policy and that the information supplied by me is true, correct, and complete in every respect.		
	I acknowledge that the submission of false, incorrect, incomplete, non-certified or misleading information may result in cancellation of my enrolment and / or delays in processing the application.		
Stude	ent Name		
Stude	ent Signature Date		
PRIVA	ACY: For details of College practices regarding student information and privacy see the College website:		