

PLEASE PRINT CLEARLY IN BLACK INK AND ENSURE ALL CELLS ARE COMPLETED IN FULL

STUDENT NUMBER								DATE OF BIRTH			
COURSE NAME											
SURNAME/FAMILY NAME							GIVEN NAME/S				
CURRENT ADDRESS											
TELEPHONE							MOBILE				
EMAIL											
REQUESTING A REFUND OF:	\$										
REASON FOR REQUESTING A REFUND:											
<b>Electronic Funds Transfer:</b>	Beneficiary Name:										
	Beneficiary Address:										
	Bank Name:										
	Bank / Branch Address:										
	Bank SWIFT Code: (International students only)										
	Bank Account Name:										
	BSB / ABA / Routing Code:										
	Account Number / IBAN Number:										

- I certify that the amount requested is legally due to the payee indicated in this form.
- If applicable, I accept responsibility to repay any scholarship, sponsorship or financial aid funding that may apply to my studies.

SIGNATURE:		DATE:	
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**Return this form with supporting documentation to:**
**ECU Student Fees Office (Building 31)**  
**Joondalup Drive**  
**Joondalup WA 6027**  
**Telephone: (08) 6304 3535 - Fax: (08) 6304 2088 - Email: [student.fees@ecu.edu.au](mailto:student.fees@ecu.edu.au)**

**Your refund will be processed within 28 days from the lodgment of a complete application.**  
**If you require further information, please contact the Fees Office.**

<b>OFFICE USE ONLY</b>	Date Received:		Received By:	
	Approved By:	Name:		Signature:
	Student Notified By:		Date Notified:	Processed By:
	Comments:			