

PLEASE PRINT CLEARLY IN BLACK INK

STUDENT NUMBER								
COURSE NAME								
SURNAME/FAMILY NAME						GIVEN NAME/S		
CURRENT ADDRESS								
TELEPHONE						MOBILE		
EMAIL								
REQUESTING A REFUND OF:	\$							
REASON FOR REQUESTING A REFUND:								
Electronic Funds Transfer:	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:								

<ul style="list-style-type: none"> 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:	

Return this form with supporting documentation to:
ECU Student Fees Office (Building 31)
 270 Joondalup Drive
 Joondalup WA 6027
 Telephone: (08) 6304 3535 - Fax: (08) 6304 2088 - Email: 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.**

OFFICE USE ONLY	Date Received:		Received By:			
	Approved By:	Name:			Signature:	
	Student Notified By:		Date Notified:	Processed By:		
	Comments:					