

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:								
<b>Electronic Funds Transfer:</b>	Beneficiary Name:							
	Beneficiary Address:							
	Bank Name:							
	Bank / Branch Address:							
	Bank SWIFT Code:							
	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 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)  
**Allow approximately 3 weeks for your application to be processed.**

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