



Flinders UNIVERSITY

PROFESSIONAL SUPPORT STATEMENT APPLICATION FOR REMISSION OR REFUND OF TUITION FEES

Your assistance as an independent professional is sought to provide substantiating evidence in support of a claim by the student nominated below for a remission or refund of his or her tuition fees. If you require additional space or prefer to send your support as an attachment to this form, please provide this on letterhead quoting relevant provider or registration numbers.

All information you provide will be treated in accordance with the *Privacy Act 1988* and any relevant guidelines. The information collected is used solely for the purpose of assisting the University to make an informed decision on the student's application. The authority to collect this information is contained in the *Higher Education Support Act 2003*.

The student must be able to demonstrate that the special circumstances were beyond their control and that the full impact of these special circumstances occurred or worsened on or after the census date.

The completed form can be returned to the student for submission with their application.

PERSONAL DETAILS OF STUDENT *(Details to be completed by student)*

Full Name:	
Date of Birth:	
Degree:	
Semester/s:	
Census Date/s:	

STUDENT'S CIRCUMSTANCES *(to be completed by independent professional)*

Please describe the student's circumstances and answer the questions below. Please provide dates as outlined above to assist with the student's application.

	Yes	No
Did the student have special circumstances that affected his or her ability to complete their studies?	<input type="checkbox"/>	<input type="checkbox"/>
Did these circumstances first occur on or after the census date(s) indicated?	<input type="checkbox"/>	<input type="checkbox"/>
Did these circumstances occur before the census date but worsen after this date?	<input type="checkbox"/>	<input type="checkbox"/>
Could the student have foreseen, prior to the census date that these circumstances were going to affect the student's ability to complete their studies for the semester indicated?	<input type="checkbox"/>	<input type="checkbox"/>

YOUR DETAILS

Name: _____ Signature: _____ Date: _____

Profession or Relationship to Student	
Address:	
Phone Number:	
Fax Number:	
Email Address:	
Stamp/Provider Number/Registration Number (if applicable)	