P. (+613) 9676 9000 | E. info@lcimelbourne.edu.au W. Icimelbourne.edu.au PO Box 1219 | Collingwood VIC 3066 | Australia 150 Oxford Street | Collingwood VIC 3066 | Australia Academy of Design Australia Ltd trading as LCI Melbourne ABN 97 585 592 579 | CRICOS No. 02201G | HEP No. 4396



# **Special Circumstances Refund Application**

### What is this application for?

This application is for Domestic students who, due to a serious illness or special circumstances, either:

- · withdrew from a unit after Census date, or
- were unable to complete the requirements of a unit

If proven, you will be eligible for a refund of tuition fees you paid or a remission of the FEE-HELP debt you have incurred for the units affected.

You need to demonstrate that the circumstances were:

- beyond your control, and
- did not make their full impact on you until on or after the census date, and
- were such that they made it impracticable for you to complete the requirements for the unit/course

#### What is a serious illness?

A serious illness is an unexpected illness of a serious nature, a recurrence of a chronic illness or an accident with a serious impact on your health.

Illnesses, disabilities or medical conditions that existed prior to the census date will not qualify as grounds for a refund unless the condition or disability has been compounded by an unexpected change, or an additional condition.

Supporting documentation must:

- · take the form of an original letter or report on letterhead
- be from a registered treating medical practitioner, registered health practitioner or approved specialist (depending on the nature of the condition)
- · specify that the illness is serious
- · specify the date that the illness took effect

#### What are special circumstances?

Special circumstances include compassionate circumstances such as hardship or trauma including the death or serious illness of a close family member, severe disruption to domestic arrangements, being a victim of crime or an accident.

Supporting documentation must:

- · take the form of an original letter or report on letterhead
- be from
  - o a counsellor who has prior knowledge of your circumstances;
  - a registered treating medical practitioner, registered health practitioner or approved specialist (depending on the nature of the condition)
  - o a person qualified to assess and support the application (eg clergy providing grief counselling);
  - o a funeral director (or death notice)
  - Supporting documentation will not be accepted from your relatives or personal friends, or friends of your family

Special circumstances such as religious observance or obligations, formal legal commitments, military service, service with a recognised emergency management service, representing your state or home nation at a significant sporting or cultural event or unforeseen and significant employment-related circumstances such as a move interstate at short notice will usually be managed through assessment modification rather than as special circumstances application for refund.

### Where can I get help understanding the process?

Please speak with the Student Services Manager or Student Support Manager if you need assistance. You can also see more information on the government's Study Assist website: <a href="mailto:studyassist.gov.au/sites/StudyAssist">studyassist.gov.au/sites/StudyAssist</a>



Personal details

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# **Special Circumstances Refund Application Form**

Please complete all of the following requested details and submit your Application to the Student Support Manager or the Student Services Manager at LCI Melbourne.

You need to demonstrate that the circumstances were beyond your control; did not make their full impact on you until on or after the census date; and were such that they made it impracticable for you to complete the requirements for the unit/s (subject/s).

All Special Circumstances applications will be assessed on their own merits and must be supported by appropriate independent supporting documentation.

| i ersonai detaiis                                       |                      |                           |                   |  |  |
|---|----------------------|---------------------------|-------------------|--|--|
| Full Name   |                      |                           |                   |  |  |
|   |                      |                           |                   |  |  |
| Date of Birth Ema                                       |                      | Email                     | Student ID        |  |  |
|   |                      |                           |                   |  |  |
| Course and Major  |                      |                           |                   |  |  |
|   |                      |                           |                   |  |  |
|   |                      |                           |                   |  |  |
| Unit information  |                      |                           |                   |  |  |
| Please list the unit/s                                  | affected by your ser | ious illness or special c | ircumstances.     |  |  |
| Semester & Year   | Unit Code            | Unit Name                 |                   |  |  |
|   |                      |                           |                   |  |  |
|   | ] [                  |                           |                   |  |  |
|   |                      |                           |                   |  |  |
|   |                      |                           |                   |  |  |
|   |                      |                           |                   |  |  |
|   |                      |                           |                   |  |  |
|   |                      |                           |                   |  |  |
|   |                      |                           |                   |  |  |
| Supporting docum  | entation provide     | d                         |                   |  |  |
| Please indicate the ty                                  | ype/s of supporting  | documentation you have    | e attached to thi | s application.                               |  |
| Letter or report from your treating health practitioner |                      |                           | Court of          | or legal documentation                       |  |
| Police or victims of crime report                       |                      |                           | Letter f          | rom your Employer (on company letterhead)    |  |
|   |                      | ounsellor/psychologist    |                   | please specify and attach documentation)     |  |
| 2000. 5. 15port   | your trouting of     |                           |                   | product operating and attach accommendations |  |
|   |                      |                           |                   |  |  |

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# Details of serious illness or special circumstances

| Provide a written a response to each of the following questions.                              |  |  |  |  |  |
|---|--|--|--|--|--|
| Describe the serious illness or special circumstances affecting your study                    |  |  |  |  |  |
|   |  |  |  |  |  |
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|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| When did the serious illness or special circumstances commence?                               |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| How did the serious illness or special circumstances prevent you from completing the unit(s)? |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| If special circumstances occurred, how were they beyond your control?                         |  |  |  |  |  |
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## **Refund information**

| Please indication the type of refund you wish to receive if your application is approve                    | d.                   |  |  |  |  |
|--|----------------------|--|--|--|--|
| I wish to apply for re-credit of my FEE-HELP balance   |                      |  |  |  |  |
| I wish to apply for a refund on my tuition fees paid (not applicable to students us                        | sing FEE-HELP)       |  |  |  |  |
|  |                      |  |  |  |  |
| Declaration  |                      |  |  |  |  |
| I declare that to the best of my knowledge, the information I have supplied on the                         | nis form is true and |  |  |  |  |
| correct. I have spoken with a representative of LCI Melbourne of Design Australia in relation to this      |                      |  |  |  |  |
| application.   |                      |  |  |  |  |
| I am aware of potential financial/academic penalties associated with withdrawing from a course or units. I |                      |  |  |  |  |
| have attached all supporting documents as outlined in this application.                                    |                      |  |  |  |  |
| Student Signature  | Date                 |  |  |  |  |
|  |                      |  |  |  |  |
|  |                      |  |  |  |  |
| I am the parent/guardian signing on behalf of an under 18 student.   |                      |  |  |  |  |
|  |                      |  |  |  |  |
| Parent/Guardian Signature  | Date                 |  |  |  |  |
|  |                      |  |  |  |  |
| Parent/Guardian Full Name  |                      |  |  |  |  |
|  |                      |  |  |  |  |