

APPLICATION for CONSIDERATION of SPECIAL CIRCUMSTANCES

Students are required to complete and submit this form if they have chosen to withdraw or defer from a unit of study after the Census date and wish to be considered for special circumstances.

It is important that you read information contained in the ABA Student Handbook before completing this form.

You must complete all Parts of this form
 You must sign the declaration in Part D
 Completed forms are to be submitted to the Academic Manager.

Part A Personal details

Please complete:

Family name	
Given names	
Student number	
Program enrolled	
Postal address	
Email address	

Part B Unit details

The units of study I wish to receive special consideration for are:

Unit code	Unit name

Please tick which of the following applies:

I wish to apply for re-credit of my VET FEE-HELP balance	
I wish to apply for a refund of my tuition fees paid	
I wish to apply for a credit of my tuition fees paid against future study	

Part C
Documents and details to support your application

To support your case, you will need to attach any relevant documentation such as but not limited to medical certificates, counselor or psychologists reports, which states:

- The date your circumstances began
- If your circumstances changed after census date, the date of change, and the extent of that change
- How/why the circumstances affected your ability to study
- When it became apparent that you could not continue your study

Please complete the following, attach additional notes if you need:

What are the special circumstances preventing you from continuing your studies?

How were these special circumstances beyond your control?

How did these special circumstances preventing you from continuing your studies?

How did your circumstances change after census date?

When did you become aware that you were unable to continue your studies?

What evidence are you providing to support this application?

**Part D
DECLARATION**

I wish to apply for consideration of special circumstances as outlined in this form. I declare that the information I have provided herein is true and accurate.

I give my permission for ABA to contact any parties given in the documents I have supplied to verify my application.

I understand that refunds or re-credits will not be given unless exceptional circumstances can be demonstrated.

I have read and understand the ABA Student Handbook relating to discontinuation of a unit or course and reimbursement of funds.

Student's signature

Date

Date received