

Centre for English Language Teaching



THE UNIVERSITY OF
WESTERN
AUSTRALIA

Request for refund in special circumstances

PERSONAL DETAILS

Family Name:

Given Names:

Student ID:

Date of Birth: / /

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PERSONAL STATEMENT

Please clearly explain how your circumstances were:

- beyond your control, **and**
- prevented you from continuing your studies, **and**
- changed after the course start date.

SUPPORTING DOCUMENTATION

Please attach supporting documentation to this request form at submission to demonstrate your special circumstances. Any documents that are in a language other than English need to be translated to English by a [NAATTI certified translator](#). UWA CELT does not provide translation services.

Medical a letter from your medical practitioner stating:

- the date your medical condition began or changed
- how your condition affected your ability to study, and
- when it became apparent that you could not continue with your studies

Family/personal a statement from a doctor or counsellor stating:

- the date your personal circumstances began or changed
- how your circumstances affected your ability to study, and
- when it became apparent that you could not continue with your studies

Course tick this option when UWA CELT could not provide the course

STUDENT DECLARATION

By signing this form I acknowledge all information provided by me in connection to this request is true and correct. **I understand that a refund is not guaranteed and is subject to approval by UWA CELT.**

Signature of the student: _____ Date: _____

FOR OFFICE USE ONLY

Date received: / /

Date: _____

LIWA CELT

To send your completed form, or for more information:

Email: accounts-celt@uwa.edu.au

Website: uwa.edu.au/celt

CRICOS Provider Code: 00126C

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