



Request for refund in special circumstances

PERSONAL DETAILS

Family Name:	Given Names:	Student ID:
Date of Birth: / / (dd/mm/yy)	Email:	Phone:
Address in Australia:		
Withdrawal form submitted/attached <input type="checkbox"/>		

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 [NAATI certified translator](#). UWA CELT does not provide translation services.

<input type="checkbox"/> Medical	a letter from your medical practitioner stating: <ul style="list-style-type: none">• 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
<input type="checkbox"/> Family/personal	a statement from a doctor or counsellor stating: <ul style="list-style-type: none">• 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
<input type="checkbox"/> 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: / / Refund outcome: Accounts Officer: _____

UWA CELT

To send your completed form, or for more information:

Email: accounts-celt@uwa.edu.au

Website: uwa.edu.au/celt

CRICOS Provider Code: 00126G

Version: 6 October 2025