

Please use block capitals only to complete this form

STUDENT NUMBER:		DATE OF BIRTH:	
SURNAME/FAMILY NAME:		GIVEN NAME/S:	
CURRENT ADDRESS:			
TELEPHONE NUMBER:		EMAIL:	
MOBILE PHONE NUMBER:		REQUESTING A REFUND OF:	ACEVO
REASON FOR REQUESTING A REFUND:			
ELECTRONIC FUNDS TRANSFER:	BENEFICIARY / ACCOUNT HOLDERS FULL NAME:		
	BENEFICIARY ADDRESS: <i>Maximum of 3 lines</i>		
	BANK NAME:		
	BANK / BRANCH ADDRESS: <i>Maximum of 3 lines</i>		
	SWIFTCODE: (For International Accounts only)		
	BSB: (For International Accounts: Sort / ABA / Routing Code)		
	ACCOUNT NUMBER: (For International Accounts: IBAN Number)		
<ul style="list-style-type: none"> I confirm the bank details provided are correct and understand payment will be made according to this information. The University will not accept any liability where incorrect bank details have been provided. I certify that the amount requested is legally due to the payee indicated in this form. If applicable, I accept responsibility to repay any scholarship, sponsorship or financial aid funding that may apply to my studies. 			
SIGNATURE:		DATE:	

Your completed form and supporting documentation may be submitted:

*by Email to:	student.fees@ecu.edu.au	*Note: Electronic submission of this form must be via your secure ECU Student Email Account
**in Person to:	Student Central (on any campus)	**Note: Hardcopy submission of this form must include a photocopy of a form of identification such as your student card, driver's licence, etc.
**by Mail to:	Student Fees Office Edith Cowan University 270 Joondalup Drive Joondalup WA 6027 Australia	

Your refund application will be processed within 28 days from the lodgement of a complete application.
If you require further information, please contact the Student Fees Office:
Telephone: (08) 6304 3535 - Fax: (08) 6304 2088 - Email: student.fees@ecu.edu.au

OFFICE USE ONLY	Date Received:		Received By:	
	Approved By:	Name:		Signature:
	Student Notified By:		Date Notified:	Processed By:
	Comments:			