





### C. STUDENT DECLARATION

In signing below, I acknowledge, confirm and accept:

- I have read the Withdrawal Policy and understand the process for the application and assessment of remittal requests.
- All information provided in this application is true and correct. I consent and give Ikon permission to contact medical practitioners or other relevant parties to verify the authenticity of my claims and supporting documentation and to seek further information about the originating source to make an informed decision about this application. I understand that I may be asked to provide a more specific consent to disclosure of information should this be required by Ikon.
- It is my responsibility to establish sufficient grounds for remittal of fees and to provide the evidence to support my claims. I understand application does not guarantee the request will be granted and that it is decided on the basis of my application and the evidence supplied.
- Ikon reserves the right to vary or reverse any decision in relation to this application on the basis of incorrect or incomplete information. I acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information.



Student Signature

Student Name

Date

# APPLICATION FOR RE-CREDIT OF FEES

## OFFICE USE ONLY

### A. PRELIMINARY ASSESSMENT

Date Application Received:	Staff Member Name:		
Is the application completed in full with reasonable detail provided?	Y	N	
Are the required supporting documents attached?	Y	N	
If no to either question, date the application was returned to the student:			

### B. REMITTAL ASSESSMENT

Assessor Name & Position (include the Head of Faculty and/or Staff Member if consultation is sought):	Date Application Assessed:
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### Decision

<input type="radio"/> <b>Granted</b>  Details:          Penalties and/or conditions to be applied (if applicable):	<input type="radio"/> <b>Denied</b>  Reasons for denying the request:
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Assessor Signature

Assessor Name

Date

### C. NOTIFICATION OF DECISION

Actioned	Notice of Decision Issued	Moodle Updated	Impact on Student Visa Checked (if applicable)	Lecturer Advised of Change	Application, Assessment & Outcome in Student File
Date					
SET Member Name				Closed (Date)	