

## APPLICATION FOR RECREDIT OF FEES

This form should be used for any student requesting a recredit of fees.

This form should be completed in conjunction with reading the following documents:

[Fees and Refund Policy](#)

[Enrolment Policy](#)

[Course Fees](#)

[Grievance and Appeals Policy](#)

[Higher Education Administrative Information for Providers \(AIP\)](#)

Tuition fee refunds after the census date are only provided if there are compelling, compassionate, or extenuating circumstances have unfairly disadvantaged a student, or had a significant adverse impact that prevented the student from being able to continue their study. This can include:

- illness, injury, or misadventure
- serious medical condition
- serious illness or injury of an immediate family or household member
- bereavement of a partner, close family member, or household member
- unexpected carer responsibilities
- unexpected and unavoidable change to routine employment commitments
- crisis or trauma such as an accident, crime or being a witness to these experiences
- major political unrest or natural disaster that requires immediate travel military service or jury service
- severe disruption to domestic arrangements or homelessness
- personal hardship such severe disruption to domestic arrangements, employment, or finances

*Note: A student cannot apply for a re-credit, remission and/or repayment if they have successfully completed the unit. A student who receives a fail grade is considered not to have successfully completed the requirements of the unit.*

## LODGING AN APPLICATION FOR RECREDIT OF FEES

An application for a re-credit, remission and/or repayment must be made, in writing, within 12 months of the withdrawal date, or if the student has not withdrawn, within 12 months of the end of the period of study in which the unit was, or was to be, undertaken.

Students applying for a credit of fees must complete this form and attach verifiable supporting evidence. Applications, which do not include verifiable supporting evidence, will be declined.

The form and supporting evidence should be emailed to: [experience@ikon.edu.au](mailto:experience@ikon.edu.au)

The application will be assessed, and the student will be notified of the outcome in writing.

All students have the right to appeal any decisions by following the appeals process as outlined in the [Grievance and Appeals Policy](#)

### Part A: Student Details

Given Name:	Family Name:	Student ID:
Address:		
Contact Phone Number:	Email:	

### Part B: Application Details

#### Statement

A detailed statement outlining the grounds for your application must be provided below. Your statement should explain the impact of the extenuating circumstances on your ability to study or withdraw prior to census date.

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#### Supporting Evidence

Your application must also attach relevant supporting documentation to evidence the circumstances and your statement. List your supporting evidence below:

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## Part C: Student Declaration

In signing below, I acknowledge, confirm, and accept:

I have read the [Fees and Refund 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 based on my application and the evidence supplied.

Ikon reserves the right to vary or reverse any decision in relation to this application based on incorrect or incomplete information. I acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information.

Student Signature:	
Student Full Name:	Date:

## OFFICE USE ONLY

### A: Preliminary Assessment

Date application received:	Staff Name:	
Is the application completed in full, with reasonable detail provided	Yes	No
Are the required supporting documents attached?	Yes	No
If no to either question, date the application was declined, and student notified:		

### B: Remittal Assessment

Assessor Name (s) & Position (s):	Assessment date:
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<input type="checkbox"/> <b>Granted</b> Details:	<input type="checkbox"/> <b>Declined</b> Details:
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Assessor Signature:	
Assessor Full Name:	Date:

### C: Notification of Decision

Action	Date	Staff
Student notified of decision		
Student records updated		
Student units updated		
Finance Team Notified		