

APPLICATION FOR REFUND OF FEES

Direct all correspondence to: Refund Application - "Student ID"
 Department of Revenue & Debt Management
 Fiji National University, Private Mail Bag No. 7222, Nasinu
 Contact: 3394000 Ext. 2952
 Email: RevenueQueries@fnu.ac.fj

PERSONAL DETAILS (Those marked with * are mandatory)

Student ID* _____

Surname* _____ Given Names* _____

Date of Birth _____ Mobile No.* _____

Telephone No.* _____ Email* _____

Course* _____

PRIVATE/SPONSORED STUDENTS

Are you a sponsored student: YES NO

A 'sponsored student' is someone on a scholarship funded by a government or organisation.

If YES, please state the name of your scholarship or name of sponsor: _____

Refunds may in some instances be payable to the sponsoring organisation. Please ensure you check your conditions of scholarship before completing this form.

REASON FOR REFUND REQUEST

Read this section carefully and tick the appropriate reason(s). Please ensure that all required documentation is attached to this form when it is lodged at the Fiji National University. Failure to submit all required documents will delay authorisation and processing of refund.

<p>Reason</p> <p><input type="checkbox"/> Withdrawal from course</p> <p><input type="checkbox"/> Student did not meet condition(s) of offer</p> <p><input type="checkbox"/> Student Visa rejected/cancelled</p> <p><input type="checkbox"/> Class(es) cancelled by the University</p> <p><input type="checkbox"/> Student overpaid/received exemptions/reduced loading</p>	<p>Required documents</p> <p><input type="checkbox"/> Copy of Withdrawal form approved by School</p> <p><input type="checkbox"/> Proof of inability to meet conditions (Administrative Fee applies if proof not submitted)</p> <p><input type="checkbox"/> Copy of letter(s) from the Immigration Department verifying the cancellation/rejection of visa</p> <p><input type="checkbox"/> Confirmation from school</p>
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ELECTRONIC FUNDS TRANSFER (EFT) - BANK DETAILS (Please attach a copy of the bank statement as per the bank details provided on this form)

Name of Bank (Tick which is applicable): BSP ANZ WBC BRED BOB

Bank Account Number: _____

Name of Bank Account Holder _____

STUDENT DECLARATION/SIGNATURE

I hereby affirm the information provided within this form to be true and accurate. I understand that all payments from this time on will be paid according to this information. If any changes need to be made, I will inform the Fiji National University of these changes in writing.

Signature : _____ Date: _____

REVENUE & DEBT MANAGEMENT OFFICE USE ONLY

TOTAL FEES PAID

Tuition Fee	\$ _____	Text Book Fee	\$ _____
Enrolment Fee	\$ _____	Hostel Fee	\$ _____

AMOUNT TO BE REFUNDED TO STUDENT: \$ _____

Prepared by: _____ (Name & Signature) Date: _____

Approved by: _____ (Name & Signature) Date: _____

Receipt Date	Receipt No.	Actual Amount (\$)	STUDN/CASH/FNPF	GL Code

FINANCIAL ACCOUNTING USE ONLY

Date: _____ Amount: \$ _____ Cheque No.: _____ Initials: _____