

## STUDENT ID NUMBER

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Website: [www.fnu.ac.fj](http://www.fnu.ac.fj)

## APPLICATION FOR REFUND OF FEES

Please complete all sections of this form

Tick boxes where appropriate

## PERSONAL DETAILS

Surname : \_\_\_\_\_ Official Student Email : \_\_\_\_\_

Other Name(s) : \_\_\_\_\_ Work / Personal Email : \_\_\_\_\_

First Name : \_\_\_\_\_ Phone Contact(s) : \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home: \_\_\_\_\_  
(DD/MM/YY)

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

## 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.

Reason		Required Documents	
Withdrawal from course	<input type="checkbox"/>	Copy of Withdrawal form approved by School	<input type="checkbox"/>
Student did not meet condition(s) of offer	<input type="checkbox"/>	Confirmation from school	<input type="checkbox"/>
Student Visa rejected/cancelled	<input type="checkbox"/>	Proof of inability to meet conditions ( <b>Administrative Fee applies if proof not submitted</b> )	<input type="checkbox"/>
Class(es) cancelled by the University	<input type="checkbox"/>		
Student overpaid/received exemptions/reduced loading	<input type="checkbox"/>	Copy of letter(s) from the Immigration Department verifying the cancellation/rejection of visa.	<input type="checkbox"/>

## 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

\_\_\_\_\_

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.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (DD/MM/YY)

[Typing your name is considered as signature in this form]

Submit this completed form to [RevenueQueries@fnu.ac.fj](mailto:RevenueQueries@fnu.ac.fj)

Authorised By The University Registrar