

Finance and Business Analysis Refund Request Form

Please complete the fields below. All fields are required.

PRIVACY STATEMENT

The information collected on this form is for refund purposes. The information is processed in accordance with the Personal Data Protection Act (PDPA) 2010. It is only disclosed to third parties with your consent or to meet statutory obligations.

For more information, please refer to the University's Privacy Collection Notice at <http://www.swinburne.edu.my/privacy/>.

By signing this form, you agree to be subject to the Privacy Collection Notice of the University and have consented to the processing and disclosure of your personal data for the fulfilment of this contract.

INFORMATION

- A RM100 administration fee will apply to cancelled/rejected drafts, telegraphic transfers or cheques.
- The refund process will only commence upon full submission of completed documents and will be made within four (4) weeks.
- For information on the payment of fees and refunds, refer to Swinburne's Refund and Tuition Fee Policy: <http://www.swinburne.edu.my/> > Current Students > Manage My Course > Refund and Tuition Fee

PERSONAL DETAILS

Name	_____	**Personal email address (other than Swinburne webmail)	_____
IC/Passport No.	_____	**If currently enrolled, all correspondence by the University will be sent to your Swinburne Webmail. Students MUST check their official Swinburne webmail regularly on a weekly basis as a minimum, but on a daily basis during critical academic periods, such as progress review following the release of results.	_____
Student ID no.	_____		_____
Program Enrolled	_____		_____
Malaysian address (MUST BE COMPLETED)	_____	Overseas address (MUST BE COMPLETED)	_____
_____	_____	_____	_____
_____	_____	_____	_____
Malaysian Phone	_____	Postcode	_____
_____	_____	Overseas Phone	_____
_____	_____	_____	_____

SPONSORED STUDENTS

A 'sponsored student' is someone on financial aids funded by a government or organisation (other than the University).

Are you a Sponsored Student? Yes / No

If **yes**, the name of your scholarship or name of sponsor is : _____

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

METHOD OF REFUND – Please choose one of the following options

Option 1 Direct bank-in. Only applicable to local banks. A copy of the bank book with the account details or online account profile page is required

Name of bank _____

Account holder's name _____

Account holder's account number _____

Option 2 Telegraphic transfer (USD unless otherwise specified). Can only be sent to overseas banks.

Name of bank _____

Full bank address _____

City _____ Country _____

Account holder's name _____

Account holder's account number _____

Swift code/IBAN* _____

***IBAN (compulsory for any English or European refunds)**

Option 3 Contra off against _____

REASON FOR REFUND

Read this section carefully and tick the appropriate reason(s). Please ensure that all required documentation is attached to this form before submission to Student Central or Finance. Failure to submit all required documents will delay authorisation and processing of the refund.

Reason

Withdrawal from program

Leave of Absence

Student Visa rejected/cancelled

Student overpaid/received exemptions/reduced loading

Student did not meet condition(s) of offer

Others _____

Required documents

Copy of Withdrawal form approved by the University

Copy of Leave of Absence form approved by the University

Copy of relevant documents

Applicant's declaration

I understand that by signing this form, I am subject to the University's Privacy Collection Notice and give the University consent to process my personal data for fulfilment of this contract. I declare that to the best of my knowledge the information above is correct and complete.

 Student's signature

 Date

OFFICE USE ONLY

RECEIVED BY FINANCE TREASURY SERVICES

Receiving staff's signature _____	Date _____

Amount Refundable	RM	Contra Off Against	
Receipt Number		Receipt Date	
Refund Due Date		Rejected Refund	Yes / No

REFUND REQUESTED FOR:

<input type="checkbox"/> International Deposit	RM	<input type="checkbox"/> Overpayment	RM
<input type="checkbox"/> Hostel Deposit	RM	<input type="checkbox"/> Others: _____	RM

Remarks:

Account code	Amount (RM)
Total	

Date Processed	
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 Finance Officer's signature