

Finance and Business Analysis

Refund Request Form

Please complete the fields below. All fields are required.

SARAWAK, MALAYSIA

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.
- Please fill in the 'Authorisation Letter' if refund payment is to be made to a third party's bank account. The letter is available in the Swinburne Official Website.
- 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 N Student ID 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. | | | | |
| Malaysian address (MUST BE COMPLETED) | | Overseas address (MUST BE COMPLETED) | | | | |
| Malausian | | | | | | |
| Malaysian Phone | Postcode | Overseas Phone | | | | |
| | | | | | | |
| SPONSORE | D STUDENTS | | | | | |
| Are you a Spo If yes, the na | | ernment or organisation (other than the University). | | | | |
| METHOD OF | REFUND – Please choose one of the following op | tions | | | | |
| Option 1 | Direct bank-in. Only applicable to local banks. | Kindly attach a copy of the bank book with the account details or online account profile page. | | | | |
| Option 2 | Telegraphic transfer (USD unless otherwise s Name of bank Full bank address | pecified). Can only be sent to overseas banks. | | | | |
| | i uli parik addiess | | | | | |
| | City | Country | | | | |
| | Account holder's name | | | | | |
| | Account holder's account number | | | | | |
| | Swift code/IBAN* | | | | | |
| | *IBAN (compulsory for any English or Europea | n refunds) | | | | |
| Option 3 | Contra off against | | | | | |

| Amount Refundable RM Contra Off Against Receipt Number Refund Due Date Rejected Refund Yes / No REFUND REQUESTED FOR: | ison | Required documents | | | | |
|--|--|--|-------------------------|---------------|---|-----------------|
| Student overpaid/received exemptions/reduced loading Student overpaid/received exemptions/reduced loading Student did not meet condition(s) of offer Others Others Ilicant's declaration decstand that by signing this form, I am subject to the University's Privacy Collection Notice and give the University consent to process my personal rior fulfillment of this contract. I declare that to the best of my knowledge the information above is correct and complete. Student's signature Date Amount Refundable RM Contra Off Against Recipit Date Refund Due Date Recipit Date Refund Due Date Rejected Refund Yes / No REFUND REQUESTED FOR: Deposit/International Deposit RM Others: RM Remarks: Account code Amount (RM) Date Processed | Withdrawal from course | Copy of Wit | hdrawal form ap | proved by the | University | |
| Student overpaid/received exemptions/reduced loading Student did not meet condition(s) of offer Others Others Cothers Cother | Leave of Absence | Copy of Lea | ive of Absence t | form approved | by the University | |
| Student did not meet condition(s) of offer Others Others Contract I declare that to the University's Privacy Collection Notice and give the University consent to process my personal for fulfillment of this contract. I declare that to the best of my knowledge the information above is correct and complete. Student's signature Date Amount Refundable RM Contra Off Against Receipt Date Rejected Refund Yes / No REFUND REQUESTED FOR: Deposibiliternational Deposit RM Others: RM Remarks: Account code Amount (RM) Date Processed | Student Visa rejected/cancelled | Copy of rele | evant documents | S | | |
| Others | Student overpaid/received exemptions/reduced loa | ading | | | | |
| Contract | Student did not meet condition(s) of offer | | | | | |
| derstand that by signing this form, I am subject to the University's Privacy Collection Notice and give the University consent to process my personal for fulfilment of this contract. I declare that to the best of my knowledge the information above is correct and complete. Student's signature | Others | <u> </u> | | | | |
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