

Information for Students

- Commonwealth Government legislation (the *Higher Education Support Act 2003*) stipulates that if **Special Circumstances** apply, then students may apply for re-crediting of FEE-HELP balances (which results in remission of FEE-HELP debt) and remission of VET Student Loans debts. Repayment of any upfront payments is at the discretion of SITCM.
 - Special Circumstances is defined in the *Special Circumstances Refund Policy and Procedure* which can be found on the SITCM website: <https://www.sitcm.edu.au/he-courses/he-policiesforms/>.
 - If you are applying for a repayment of upfront payments, complete the *Refund Request Form* as well.
- You cannot apply for a re-credit, remission or repayment if you have **successfully completed the unit of study**.
- You must apply within **12 months of withdrawing** from the unit of study or, in the event that you did not withdraw, within 12 months of the end of the study period in which the unit of study was undertaken. Applications submitted outside the 12-month timeframe will not be considered unless you can clearly demonstrate that it was not possible for you to submit your application within the relevant 12-month period.
- Complete all sections of the application and either lodge in person at the Administration Office or email it to administration@sitcm.edu.au. You will be advised of the outcome of your application within **28 days** of submission.

Independent Supporting Documentation – Original or certified copies

To support your case, you must provide original or certified copies of independent supporting documentation, which demonstrates that your circumstances were:

- Beyond your control **and**
- Did not make their full impact on you until on or after the census date **and**
- Made it impracticable for you to complete the unit / course requirements.

If you do not have the below documentation ready, submit this application form without delay as your application may not be considered if it is received outside the application period. If you do not provide any further documentation within 28 days of lodging this application, your application may be determined by SITCM on the basis of the information which you have already provided.

Special Circumstances related to this application

<input type="checkbox"/> Medical reasons	A letter/statement from your medical practitioner which indicates the date your condition began and/or changed, how your condition affected your ability to study and when (the date) it became apparent that you could not continue with your studies. (You should inform your doctor that the statement will be sent to SITCM in support of your application).
<input type="checkbox"/> Family / personal reasons	A statement from a doctor, counsellor or independent member of the community (for example, a Justice of the Peace or Minister of Religion) stating the date your personal circumstances began and/or changed, how your circumstances affected your ability to study and when (the date) it became apparent that you could not continue with your studies.
<input type="checkbox"/> Employment reasons	A letter from your employer which states your previous work hours and location, your current work hours and location, the reason for the change, when the change was effective from and when it was communicated to you.
<input type="checkbox"/> Course reasons	No supporting documentation is required from you. SITCM will determine whether you have been disadvantaged by changed arrangements to your unit of study and whether it was impossible for you to undertake alternative units of study.

Student Declaration	
<input type="checkbox"/> I have read and understood the guidelines and advice on this application form. I certify that all information including supporting documentation is correct. I hereby authorise SITCM to contact the professional authority who has provided supporting documentation for the purpose of verifying any information he/she supplied. I acknowledge that SITCM will, where appropriate, advise the relevant Commonwealth Authority of the outcome of this application. In signing this form, I understand that the details are protected by the <i>Privacy and Personal Information Protection Act 1998 (NSW)</i> .	
Privacy Personal information collected on the application form or supplied by you to SITCM is treated in the strictest confidence in accordance with relevant privacy legislation and guidelines. The information collected is used primarily for the purpose of assisting SITCM to make an informed decision on your case. The authority to collect this information is contained in the <i>Higher Education Support Act 2003</i> .	
Student Name:	
Student Signature:	Date:

Student Support Officer	
When was the last time the student attended / attempted assessment for this unit?	
Please provide the dates on which assessments were due for this unit:	
Please advise which of the assessments the student completed:	
Was the student given any special consideration: Yes / No	
If yes, please give details:	
Has the student sat the examination for this unit of study? Yes / No / Not Applicable	
Was the student given a deferred / supplementary examination for this unit? Yes / No	
What date was the deferred / supplementary examination held?	
Did the student complete the deferred / supplementary examination?	
Please provide any other relevant information:	
Do Special Circumstances apply?	
Student Support Officer name:	
Student Support Officer Signature:	Date: