WHO CAN USE THIS FORM

- Domestic Commonwealth supported students,
- domestic full fee-paying Students, or
- international students, who withdraw after the census date, due to special circumstances that arose which were beyond the person’s control.

TIME LIMITS FOR APPLYING

Your application and supporting documentation must be made in writing, within 12 months of the withdrawal date. If the applicant has not withdrawn, the application must be made within 12 months of the end date of the applicable semester.

An application may be considered outside the 12month period if the University is satisfied that the application could not have been made within the timeframe above. In these cases for you application to be considered you will need to provide professional independent supporting documentation that shows that the application was made as soon as was practical, and the application could not have been made any sooner, due to your given circumstances.

WHAT ARE SPECIAL CIRCUMSTANCES AND RELEVANT SUPPORTING DOCUMENTATION

Special circumstances may include:

Medical reasons
Your medical/health practitioner provider must complete the Medical Certificate page of the remission application (see section D of the application form), to substantiate your claim/s. This statement should demonstrate:
- the date your medical condition began or changed,
- how your condition affected your ability to study; and
- when it became apparent that you could not continue your studies.

Family/personal reasons
You will need to provide a professional statement from a doctor, counsellor or independent member of the community (e.g. a minister of religion), on letter head, to demonstrate:
- the date your personal circumstances began or changed;
- how your circumstances affected your ability to study; and
- when it became apparent you could not continue your studies.

Employment related reasons
You will need to provide a statement from your employer, on letterhead, which states:
- your previous work hours and location,
- your current work hours and location and the date these were changed; and
- the reason for changed hours and location.

These reasons must demonstrate that, after the census date, your employment status or arrangements changed unexpectedly due to circumstances beyond your control, and you were unable to complete your studies.

Note: Choosing to increase your hours of work or undertake additional employment are not regarded as circumstances beyond your control.

Course related reasons
The University of Tasmania changed the arrangements for your unit or course and, as a result, you were disadvantaged to the extent that you were unable to complete the requirements of the course. You will need to supply supporting documentation from your school/college to substantiate your claim.

WHAT YOU MUST DEMONSTRATE TO HAVE YOUR APPLICATION APPROVED

For your application to be successful you will need to demonstrate, with professional independent supporting documentation (a self-supporting statement or statutory declaration is not sufficient evidence) that:

1. Due to special circumstances, you were unable to complete the requirements of your course, i.e. you were unable to:
   i. undertake the necessary private study required, attend sufficient lectures or tutorials, or meet other compulsory course requirements; or
   ii. complete the required assessable work, or
   iii. sit the required examinations, or
   iv. complete any other course requirements because of your inability to meet i, ii or iii above.

2. The special circumstances did not make their full impact until on or after the applicable census date/s but prior to the applicable semester/s end date, i.e. your circumstances occurred:
   i. before the census date, but worsen after that day; or
   ii. before the census date, but the full effect or magnitude does not become apparent until on or after that day; or
   iii. on or after the census date; and
   iv. before the end date of the applicable semester/s.

3. The special circumstances were beyond your control, i.e. a situation occurred that a reasonable person would consider was not due to your action or inaction, either directly or indirectly, and for which you were not responsible. This situation must be unusual, uncommon or abnormal.

Note: a lack of knowledge or understanding of:
- the census date/s,
- the University’s enrolment procedure; or
- the rules that govern HECS-HELP and FEE-HELP requirements
is not considered beyond your control.

DO I STILL PAY THE STUDENT SERVICES & AMENITY FEE (SSAF)?

If you withdraw from your unit(s) after the applicable census date the Student Services and Amenities Fee (SSAF) will still be charged. No refund will apply as this fee is based on your enrolled subject load as at the census date. If you have elected to defer payment of the SSAF, via SA-HELP, the debt will still be incurred.
The University considers and confirms receipt of an application within 15 working days of receipt of the application.

The University notifies the applicant of its decision and the reasons for making the decision within 45 working days from the date your application is acknowledged.

An outcome will be provided to the student within the maximum timeframe of 60 working days from receipt of the application.

The University will advise you of your rights for a review or an appeal of the decision if you are dissatisfied with the outcome.

The time limit for applying for a review of a decision is 28 days from the day you first received notice of the decision. You are taken to have received notice of the decision 1 day after the date on the notice of decision and the 28 day timeframe begins on this day.

Personal information collected on this form or supplied by you to the University of Tasmanian will be treated in accordance with the Privacy Act 1998 and any relevant guidelines. The information collected is used for the purpose of assisting the University to make an informed decision on your application. If you do not complete all the questions on this form it may not be possible for your application to be assessed.

Your remission details will be disclosed to the Department of Education, Administrative Appeals Tribunal (AAT) and the Australian Taxation Office (ATO) if appropriate.

You have a right to access personal information that The University of Tasmania holds about you, subject to any exceptions in relevant legislation.

It is a criminal offence to knowingly make a false or misleading statement or to otherwise knowingly supply false or misleading information in connection with an application for re-crediting or remission. Applicants who knowingly supply false or misleading statements or information may be liable to criminal prosecution.

Detailed guidelines on the withdrawal and application for remission process may be found on the Fees Unit website http://www.utas.edu.au/fees/forms-and-files

Additional information on the HESA requirements can be found on the Commonwealth Government site www.goingtouni.gov.au

Your application can be submitted in person or by post to any University of Tasmania Campus:

**Hobart Campus**
Student Centre
Private Bag 45
HOBART TAS 7001

**Launceston Campus**
Student Centre
Locked Bag 1345
LAUNCESTON TAS 7250

**Cradle Coast Campus**
Student Centre
Private Bag 3502
BURNIE TAS 7320

You may also submit an application by email to the Fees.Unit@utas.edu.au

If you require further information or assistance with your application please contact us directly by:

Phone: 1300 361 928

Email: Remission Officer, Fees.Unit@utas.edu.au
SECTION A - PERSONAL DETAILS

Student No.

Date of Birth (dd/mm/yyyy)

Title

Family Name

Given Name/s

Address

Suburb

State

Post Code

Current Email Address

If you need to change your address details while your application is being processed, please contact Fees.Unit@utas.edu.au or phone 1300 361 928

SECTION B - ENROLMENT DETAILS

Course Code

Course Name

Unit/s to be considered for remission

<table>
<thead>
<tr>
<th>Year</th>
<th>Study Period</th>
<th>Unit Code</th>
<th>Unit Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. 2014</td>
<td>e.g. Semester 1</td>
<td>e.g.BEA140</td>
<td>e.g. Quantitative</td>
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SECTION C - DETAILS OF SPECIAL CIRCUMSTANCES

On what basis is/are the reason/s you have had to withdraw from study?

☐ Medical grounds  ☐ Family grounds  ☐ Employment grounds  ☐ Course related grounds

You must provide information on you special circumstances, specifically how your circumstances:

• Were beyond your control
• Did not make their full impact until on or after the applicable census date/s
• Prevented you from completing the requirements for the relevant unit/s of study listed above.

If you need more space please attach as a separate sheet.

Please note that while your personal statement will be taken into consideration when assessing your application, professional independent supporting documentation MUST also be attached to your application or it WILL be rejected.
SECTION D - IMPACT ASSESSMENT STATEMENT

This page is required for applications made on medical grounds

If your application has been made based on medical or health grounds this section must be completed in full by an independent registered medical/health practitioner. You may also include additional separate medical certificates and letters from independent qualified practitioners in addition to this impact assessment statement. However, separate medical certificates and letters on their own may be insufficient to support an application for remission.

Medical/health provider to complete this section

I, ____________________________________________________________ (name) a registered medical/health practitioner

examined ______________________________________________________ (students name)

I have determined he/she suffered from:

Diagnosis description/name of condition to be provided with students consent

or

The student stated that he/she suffered from:

Diagnosis description/name of condition

The date on which the student first sought assistance/consultation related to this application: __________/________/________

Start date of condition: __________/________/________ to __________/________/________

Worsening date of condition: __________/________/________

The condition was/is (please tick one): ☐ short-term  ☐ ongoing

☐ permanent  ☐ episodic/fluxutation

Impact of the condition on the student’s ability to complete the requirements of the relevant units/s of study:

(please choose one)

☐ Total incapacitation
The full impact of the condition was extremely serious in nature and the student was affected to the extent that to complete the requirements of the relevant unit/s of study was not possible. (e.g. bed ridden, hospitalised)

☐ Severe impact
The full impact of the condition was serious in nature. The student could not complete the requirements of the relevant unit/s of study.

☐ Moderate impact
The full impact of the condition was not severe but would have affected the student’s ability to study

☐ Minor impact
The full impact of the condition did not have a significant impact on the student’s ability to study

☐ No impact
The condition did not have an impact on the student’s ability to complete study

☐ Unable to assess
The full impact of the condition was not able to be determined (e.g. there was no visible evidence of the condition, no medical history of the condition)

Additional Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

The impact of the condition was/is (please tick one): ☐ constant  ☐ improving  ☐ deteriorating

As the student’s medical/health practitioner

I would support and recommend:

☐ full enrolment withdrawal  ☐ partial enrolment withdrawal
(no other units will be undertaken in the semester)

or

☐ I do not support withdrawal from units listed on this application

(between 1 to 3 other unit will be studied in the semester)

If the provider’s stamp does not contain all of the following information, please complete as appropriate

Medical/health provider’s name: ______________________________________________

Medical/health provider’s registration number: ____________________________________

Address of practice: _________________________________________________________

Medical/Health provider’s stamp

________________________________________________________________________

Telephone No.: __________________________ Email: __________________________

Signature of medical/health provider: _________________________________________

Date: ________/______/______

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SECTION E - STUDENT DECLARATION

Personal information collected on this form or supplied by you to the University of Tasmanian will be treated in accordance with the Privacy Act 1998 and any relevant guidelines. The information collected is used for the purpose of assisting the University to make an informed decision on your application.

I declare that:

- I have read and understand the information and instructions provided on page 1 and 2 of this document.
- I understand that I will be assessed for removal of any financial and academic penalty that applies to the unit/s of study I have listed on this application.
- I understand that it is my responsibility to establish sufficient grounds for remission and to provide the evidence to support these grounds.
- The information I have provided on this application form is true and correct, and I understand that if I knowingly make any false or misleading statements I may be liable for prosecution.
- I acknowledge that the University of Tasmania reserves the right to confirm the information provided and may vary or reverse any decision regarding my application for remission of debt based on incorrect or incomplete information.

Student Signature: ___________________________ Date: / / 

CHECK LIST

☐ I have read and understood the information on page 1 and 2 of this application – Remission of Debt Application Guide
☐ I am submitting this application within the required timeframe
☐ I have withdrawn or have received a fail grade for the unit/s I am applying for remission on
☐ I have attached professional independent supporting documentation
☐ I have completed all relevant sections of the application Sections A to C, and where making this application based on medical grounds I have had my medical/health provider complete section D.
☐ I have signed the ‘Student Declaration ’ or section E of this application
☐ I understand that one assessment will take place on this application and that this assessment will determine if I am eligible for removal of the both the academic and financial penalty applicable to my units.

For further information on the criteria used to assess your application please see the Guide on Criteria for Remission Assessment, which is located

Details on submitting your application please see page 2 of this application.