

FEE-HELP SPECIAL CIRCUMSTANCES FORM

For information about this form, please refer to the [FEE-HELP Refund Policy](#) and [FEE-HELP Review Procedure](#).

1. Student Details

Student ID:	Date of Birth:
Student Full Name:	
Email:	Telephone:

2. Unit of Study Details

Course Code:	Course:
Unit(s) of Study: (please list all affected Units of Study in which you seek to remit and cancel your FEE-HELP debt):	Teaching Period (for each affected Units of Study):

3. Special Circumstances

Why are you applying for a refund or to remit and cancel your FEE-HELP Debt? (please tick the appropriate box(es)):	<input type="checkbox"/> Family <input type="checkbox"/> Financial Issues <input type="checkbox"/> Bereavement or loss <input type="checkbox"/> Medical (including Mental Health) <input type="checkbox"/> Other
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Please set out your special circumstances.

(For example, you need to provide us all the important information regarding your special circumstances, including a description of your circumstances, how the circumstances were beyond your control, and a time line of events).

If the space provided in this form is not sufficient, please attach a separate page to outline your special circumstances to this form.

Please set out how your circumstances impacted your ability to study.

(For example, you need to provide us all with a description of why it was impracticable for you to complete your unit of study or withdraw by the census date).

If the space provided in this form is not sufficient, please attach a separate page to outline your special circumstances to this form.

Please set out the date(s) or when you noticed the full impact of your circumstances on your unit(s) of study.

If the space provided in this form is not sufficient, please attach a separate page to outline your special circumstances to this form.

4. Supporting Information and Documentation

Please attach supporting information and documentation for your special circumstances application to this form.

5. Student Acknowledgment

By submitting this form, you acknowledge that:

- the information you provide is true, that it accurately represents the facts of your circumstances and includes all details relevant to your application to CG Spectrum Institute (**CGSI**);
- you have not withheld any information, which is relevant for consideration of CGSI; and
- providing incorrect or incomplete information may delay the processing of your application.

6. Privacy Statement

CGSI recognises the importance of your privacy and is committed to protecting your personal information from unauthorized use and disclosure, except where permitted by law. By submitting this form, you consent to the disclosure of your personal information (including any sensitive information) to CGSI for the purposes of reviewing and considering your special circumstances application.

For more information about how we collect, handle, store and disclose personal information, please refer to our [Privacy Policy](#).

7. Signature

Student's signature _____ Date: / /

Submit your form by email to admin@cgspectrum.institute.com

Office Use Only

Date Received:	Date submitted for review:
Processed by:	