

Application for Special Circumstances form



Please use capital letters and print clearly when completing this form.
See reverse for instructions and additional information.

Before submitting your Special Circumstances Application Form, please ensure that you have:

- Read and understood the *Instructions for Completing the Special Circumstances Application*;
- Attached supporting documentation as outlined in Section 4 of the *instructions for Completing the Special Circumstances Application*;
- Completed all sections of the form and signed where indicated.

Section 1: Personal and Contact Details			
Student ID: _____			
Title: (please circle) Mr Mrs Miss Ms Dr			
Family Name: _____		First Name: _____	
Street name and number:			
Suburb		State	
Country		Postcode	
Phone		Mobile	
Email address			
Section 2: Unit Details			
Please include details about all units you have withdrawn from. Please note that this is not the form you use to withdraw from units.			
Unit Code	Unit Name	Payment method	Study Period

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Section 3: Description of Special Circumstances

Please tick the options that apply to you:

I am applying for:

- A refund or waiver of penalties** imposed due to withdrawing from higher education unit(s) after Close of Enrolment but before the 14 day refund period.
- A refund or waiver of penalties** imposed for withdrawing from any other unit available through Unilearn
- A refund of the unit fee**, due to withdrawing after the 14 day refund period
- Approval of a withdrawal without academic penalty**

Description

Please provide a short description of your Special Circumstances. If you are applying for a refund, include details of how and when your circumstance changed after you originally enrolled.

Documentation

Please list documentation you are providing to support your claim and state whether it is attached or to follow. Please note that documentation will not be returned. Your application will not be considered until all documentation is received.

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Section 4: Declaration:

- I am aware of the academic and financial consequences of the above request and have sought appropriate advice on these matters.
- I understand that withdrawn units will appear on my academic record.
- I declare that the information I have given on this application is correct and understand that by knowingly making false or misleading statements I may be liable for prosecution.
- I authorise Unilearn to gather and obtain any necessary information pertaining to this application from the relevant provider universities.

Signature:

Date:

Next Steps

Please forward this form with supporting documentation to:

Mail: **Academic Services - LNQ**
PO Box 3165
52-54 Manning St.
SOUTH BRISBANE BC Qld 4101
Australia

Email: Unilearn@lnq.net.au

Fax: 07 3224 4608

If you have any enquiries, please contact us on (07) 3307 4768 or through our website at www.unilearn.net.au.

If you are dissatisfied with the decision, you may request a review from the Review Officer, Unilearn. Unilearn collects stores and uses personal information for the purposes of enrolling a student in a unit/s of study and managing participation in that unit/s.

The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.

Contact information

Academic Services – LNQ
PO Box 3165
(52 – 54 Manning Street)
South Brisbane BC, Queensland 4101
AUSTRALIA

Ph: 07 3307 4768 Fax: 07 3224 4608

Email: unilearn@lnq.net.au

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