

Application for Remission of Debt in Special Circumstances International Students

The information and instructions for using this form appear on Page 6

Section 1 – Student Details

Student number: _____

Personal Details:

Family Name: _____ Given Name/s: _____

Date of Birth: _____

Contact Details:

Telephone: _____ Mobile: _____ Email: _____

Address:

Number: _____ Street: _____ Suburb: _____

State: _____ Country: _____ P/Code: _____

Section 2 – Program Details

Program Name: _____

Program Code: _____

Campus: Sydney Melbourne Brisbane Adelaide Perth Byron Bay
 Online MCI

Award: Vocational Education Undergraduate Postgraduate

Are you studying in Australia on an Australian Student Visa? (Please Tick) Yes No



Section 4 – Your Statement of Special Circumstances

Your statement of special circumstances (together with your independent supporting documents) must demonstrate your claim. Special circumstances are those that are considered to be *unusual, uncommon or abnormal*. Your statement and documents need to show that these circumstances:

- Were beyond your control
- Did not make their full impact, or their full impact did not become apparent, until on or after census date for the teaching period
- Prevented you from passing the units listed above

If your circumstances were of a health or medical nature, please ask your medical or health practitioner to complete the impact assessment statement on **page 7**. It would be helpful if your health practitioner also provided a letter explaining your circumstances in more detail. Medical certificates may not be sufficient as they typically do not provide enough detail of your circumstances to meet the criteria above.

Privacy

We recognise that your application may include sensitive personal information. The information you provide is handled in accordance with the *Information Privacy Act* and related legislation. Your information is used only for the purpose of enabling a small central team of staff to make a decision about your application. If the decision is to remit your debt to the Commonwealth under a FEE-HELP scheme, we will provide the Australian Taxation Office with the details it needs to make the required changes to your debt. These government agencies will treat your information in accordance with relevant Commonwealth privacy legislation.



Statement of Special Circumstances:

Section 5 — Student declaration

I am applying for remission and/or re-credit of my FEE-HELP, VET FEE-HELP, VET Student Loan or upfront student contribution in relation to the units listed in **Section 3** on **page 2**.

I understand that it is my responsibility to establish sufficient grounds for remission and/or re-credit and to provide evidence to demonstrate that these grounds exist.

I declare that the information I have provided on this application form and my attached statement is accurate and that I have read, and I understand the information provided with this application form.

I acknowledge that the Institute reserves the right to confirm the information provided and may vary or reverse any decision regarding this application if it is found to be made based on incorrect or incomplete information.

I give consent for the Institute to contact my treating health practitioner and/or other person or organisations named in my supporting documentation and for the health practitioner or other person or organisation to provide information to the Institute about the circumstances described in my statement and their impact on my ability to pass the units listed above. I understand that I may be required to provide a more specific consent to disclosure of relevant information should this be required by the Institute.

I also give consent for the Institute to access supporting documentation that I have previously submitted for applications for special consideration and/or equitable assessment arrangements relevant to the teaching periods listed above.

I acknowledge that information may be sought in the Institute on communications and progress relevant to the courses included in this application.

Checklist

<input type="checkbox"/>	I already have a final non-passing result on my academic record for the courses listed on this application.
<input type="checkbox"/>	I have read and I understand the information and instructions on page 4 of this form.
<input type="checkbox"/>	I have completed section 1 -3 of this form and I have provided a statement of special circumstances in section 4.
<input type="checkbox"/>	I have attached independent supporting documentation substantiating my statement of special circumstances.
<input type="checkbox"/>	I have not Previously applied for remission of debt in special circumstances for the units in the teaching periods listed above.
<input type="checkbox"/>	I have read this declaration and signed and dated it below.

Student Signature _____

Date: _____



Information and instructions

Who can use this form?

Use this form if you're an International higher education student or vocational education student who:

- withdrew from a module/s after the census date because of special circumstances or
- was prevented from passing or withdrawing from module/s because of special circumstances.

Special circumstances are defined below.

Use this form to apply to have your:

- upfront payment of a student contribution refunded

Who can't use this form?

- Domestic students
- Students who passed the relevant courses.
- Students who withdrew from their module/s or applied for leave of absence before the relevant census date but believe their withdrawal/leave of absence has not been processed or has been processed incorrectly. Students in this situation should contact SAE to discuss the matter.

Time limits for applying

You must apply for remission in writing within one year of when your module ended. This may vary according to when your enrolment ended or if you had the opportunity to complete an assessment after the listed course end date. The 12-month application period will commence:

- when you withdrew from the module (if you did so before the listed end date) or
- the last day of the teaching period in which you were enrolled in the module (if you did not withdraw from the module earlier) or
- the last date an assessment was due for you in the module if you were permitted to complete an assessment after the listed module end date (such as being granted a deferred exam).

If you are uncertain about the applicable application period for one or more of your units, please email fee.remission@sae.edu.au for advice.

Applications submitted more than 12 months after the relevant date may still be considered if you demonstrate the circumstances which prevented you from submitting the application.

What do I need to demonstrate to have my application approved?

Your application should include a personal statement of your special circumstances and independent supporting documentation to substantiate these.

Your statement and documentation need to demonstrate that:

1. you were unable to complete or pass your course because of special circumstances
2. the special circumstances did not make their full impact, or their full impact was not apparent, until on or after the census date in the course
3. the special circumstances were beyond your control.



What evidence is required for each type of special circumstance?

Medical or psychological reasons

Ask your treating health practitioner to complete the impact assessment statement on the back of this page and, if possible, provide a letter stating:

- the date on which your health condition began or worsened
- how your condition affected your ability to study and undertake assessment tasks, and
- when it became apparent that you couldn't continue your studies.

Family/personal reasons

Provide a statement from a doctor, counsellor, or reputable person (e.g. a Justice of the Peace or minister of religion) stating:

- the date on which your personal circumstance began or changed
- how your circumstances affected your ability to study and undertake assessment tasks, and
- when it became apparent that you couldn't continue your studies.

Employment related reasons

Provide a statement from your employer that includes:

- your previous work hours and location
- your current work hours and/or location and the date they changed
- the reason for the changed hours/location.

Course related reasons

Provide supporting documentation from your campus demonstrating that the institute changed the arrangements for your units after the census date with the effect that you were unable to complete the course.

How do I submit this application?

We recommend that you scan your application, statement and supporting documents and email them to fee.remission@sae.edu.au

Alternatively, you may post them to:

SAE Institute (Attention- SAE Finance)

373-391 Ewingsdale Road, BYRON BAY NSW 2481

OR hand deliver the completed documents into Student Services at your local campus.

What happens once I have submitted my application?

You will be notified of the outcome of your application within 28 calendar days of the date the application was received by SAE Institute. The Notice of Decision will be sent to your student email and will include the outcome of your application, and reasons for the decision. If you're dissatisfied with the outcome, you can apply to have the decision reviewed by an independent senior SAE officer.

The outcome letter will explain the process and time frame for review requests.

If your application outcome is reviewed and you're still dissatisfied, you can apply to the Administrative Appeals Tribunal for a further review of the decision. You may have to pay an application fee. Please go to www.aat.gov.au for information about this process.



Impact assessment statement — for an application for remission of debt in special circumstances

Note: If your special circumstances were medical or psychological in nature, please ask the health practitioner who treated you to complete this impact assessment statement stating the dates of impact of your condition in the teaching period/s when you were enrolled in the courses for which you are seeking remission. Your practitioner may also want to consider providing a letter explaining the condition and its impact.

I agree to SAE Institute contacting my medical/health practitioner, as necessary, to clarify the information provided below.

Student Signature: _____ **Date:** _____

Medical/health practitioner to complete this section

On (date/s of consultation) _____

I, _____ a registered medical/health practitioner, examined
(name)

Student _____ Student number _____
(students name in BLOCK LETTERS)

And have determined that he/she is suffering from: _____
(Condition to be stated with student consent)

or the student reports that they are suffering from: _____
From ___ / ___ / ___ To ___ / ___ / ___

The condition is (please select as relevant):

permanent infectious episodic/fluctuating deteriorating improving

Please indicate your professional assessment of the type and level of impact of the condition on the student’s activities.

Description of impact of the medical condition	Additional information	Dates affected	From (dd/mm/yyyy)	To (dd/mm/yyyy)
1. Able to travel/attend <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the above ➔	__/__/__	__/__/__
2. Able to do sustained reading, note taking and writing <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes ➔	If Yes, able to work <input type="checkbox"/> as usual <input type="checkbox"/> moderately less <input type="checkbox"/> significantly less	<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the above ➔	__/__/__	__/__/__
3. Able to perform a task requiring intense concentration for 1-2 hrs <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes ➔	If Yes, able to complete <input type="checkbox"/> as usual <input type="checkbox"/> moderately less <input type="checkbox"/> significantly less	<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the above ➔	__/__/__	__/__/__
Additional information: please complete as needed				
Practitioner's signature:		Date:		
Practitioner's stamp (as available)	Complete only for details not provided in the stamp			
	Practitioner registration number			
	Address of practice			
	Telephone number			
	Fax number/practice email contact			

