REQUEST FOR REFUND/WAIVER OF LATE FEE

SA24

1. Personal details

Student number | | | | | | | | | | | Title: Mr □ Ms □ Mrs □ Miss □ Other _____

Family Name _____

Given Name(s) _____

Daytime phone number _____

JCU email address _____

2. Details of fee paid

Late fee paid: ☐ Yes* ☐ No (please tick appropriate box) *If "yes" please attach copy of receipt

Reason for request for refund/ waiver of fee:

_____

_____

_____

_____

Signature _____ Date _____

3. Bank account details

Your refund will be paid into your bank account. In order for your refund to be processed, please provide your bank account details.

Account name _____ Bank and Location _____

Account number _____ Bank code (BSB) _____

4. Please return this completed form to the appropriate campus

Student Administration
James Cook University
P O Box 6811, **CAIRNS,** QLD 4870
Telephone (07) 4042 1000

Student Administration
James Cook University
TOWNSVILLE, QLD 4811
Telephone (07) 4781 5255

09/01/A

5. Office use only

Late fee payment checked by _____ Receipt number _____

Refund approved ☐ not approved ☐

Signature _____ Date _____
Manager/Coordinator, Student Administration

Payment processed/letter sent by _____ Date _____