

# Application for Refund of Overpayment or Credit Balance

## ELIGIBILITY CRITERIA

Domestic students only: This form is to be used by Domestic Students in the following situations:

- When the student has made an overpayment to their student account.
- When the student has paid their fees but have withdrawn from their subject(s) prior to the census date (financial penalty date)

This form is NOT for withdrawals without financial penalty. If you wish to apply for a withdrawal without financial penalty please refer to <https://www.jcu.edu.au/students/fees-and-financial-support/withdrawal-without-financial-penalty-special-circumstances>

## 1. PERSONAL INFORMATION

Student Number (8 or 10 digits):

Title:  Dr  Mr  Mrs  Ms  Miss  Other:

Family Name:

Given Name/s:

Date of Birth (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Postal Address:

Suburb:

State:

Postcode:

Email address: (All correspondence in relation to this application will be sent here)

Daytime Phone Number:

## 2. REFUND REQUEST

I am applying for a refund of my credit balance and have provided my bank account details below

*Please note that refunds cannot be processed into credit card accounts.*

Account Name:

Bank Name:

Account Number:

Bank Code (BSB):

Refund Due: \$ \_\_\_\_\_ - \_\_\_\_\_

## 3. STUDENT DECLARATION

I declare information I have supplied on and with this form is, to the best of my knowledge, true and correct. I acknowledge that the submission of false, incorrect, incomplete or misleading information may result in this application not being approved or delays in processing.

- I am aware that refunds for sponsored students will be made directly to the sponsor.
- Refunds will be processed within 4 weeks of receipt of written notification

### PRIVACY

I understand that personal information collected on or with this form will be used for the purpose of approving and processing the refund.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 4. RETURN DETAILS

Return this completed form with required supporting documentation to the Student Finance Office.

**Email to:**  
studentfinance@jcu.edu.au

**Townsville in Person:**  
Student Centre  
Education Central (Bld 134)  
James Cook Drive  
Townsville

**Cairns in Person:**  
Student Centre  
Chancellery Building (Bld A1)  
McGregor Road  
Smithfield

**5. OFFICE USE ONLY**

Student Name:

Student Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**6. STUDENT FINANCE USE ONLY**

Remission, Re-credit and Refund Officer:

Comments relating to refund:

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\$_____ amount to be refunded	<input type="checkbox"/> No debtor sanctions applied	<input type="checkbox"/> Printout of Account Details screen attached
Remission, Re-credit and Refund Officer: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Signature: _____		Date: ___/___/___
Name: _____		Title: _____
<input type="checkbox"/> Pmt Unallocated <input type="checkbox"/> \$RF <input type="checkbox"/> A/C's pay	Date: ___/___/___	Student Notified: ___/___/___    Initials: _____
<input type="checkbox"/> Sponsored student <input type="checkbox"/> Student emailed		