APPLICATION FOR A REMISSION OF COMMONWEALTH ASSISTANCE AND RE-CREDIT OF STUDENT LEARNING ENTITLEMENTS (SLE) IN SPECIAL CIRCUMSTANCES

THE UNIVERSITY OF ADELAIDE AUSTRALIA

Please read the attached instructions before you complete this form

Case Reference Number:	Office Use Only

1 Your full name Surname	
Given names	

2 Your address	
	Postcode

3 Your sex	Male ☐ Female ☐

4 Your CHESSN (Commonwealth Higher Education Student Support Number)	

5 Your student ID	

6 Name of academic program(s)	

7 Semester and year for which remission/ re-credit is sought

Semester	
Year	

8 Date of withdrawal	/ /

9 Provide details of the courses from which you withdrew

Course Name	Catalogue	Class No.	Semester	Year	Units	EFTSL

10 SPECIAL CIRCUMSTANCES - briefly explain why you are applying for this remission/re-credit

If you need more space, please attach a separate sheet.

11 To support your case, you will need to provide the following documentation

Your application will **NOT** be considered if it is received outside the application period (refer to the instructions for dates), or does not include all required documentation

For medical reasons A statement from a doctor stating:

- the date your medical condition began or changed
- how your condition affected your ability to study
- when it became apparent that you could not continue with your studies

For family/personal reasons A statement from a doctor, counsellor or independent member of the community stating:

- the date your personal circumstance began or changed
- how your circumstance affected your ability to study
- when it became apparent you could not continue your studies

For employment-related reasons A statement from your employer stating:

- the date your employment began or your conditions of employment changed
- how your circumstances were beyond your control
- how this prevents you from continuing your studies

For course related reasons A statement from your faculty/school stating:
that you have been disadvantaged by changed arrangements to your unit/course and that it was impossible for you to undertake alternative units or courses.

If you do not provide any additional requested documentation within 3 months of receiving notification from the Administrative Services Branch, your application will be decided on the basis of the information that you have already provided

12 Declaration

I wish to apply for a re-mission of Commonwealth Assitance

I declare that the information I have given on this application is correct. Signature

Date / /

12 This form should be sent to:

Student Finance Coordinator
Administrative Services Branch
ADELAIDE UNIVERSITY SA 5005
AUSTRALIA