THE AUSTRALIAN NATIONAL UNIVERSITY

HESA Compliance Officer
Pauline Griffin Building (11)
Canberra ACT 0200 Australia

CRICOS Provider Number: 00120C

Email: hesa@anu.edu.au
Phone: +61 2 6125 1174
Fax: +61 2 6125 8421
Web: ANU HESA website

APPLICATION FORM FOR REMISSION OF STUDENT LEARNING ENTITLEMENT (SLE)[1] AND ASSOCIATED DEBT

Family Name: _____ Uni-ID: U _____

Given Names: _____ Email: _____

Program Code: _____ Program Name: _____

I am requesting remission for the following course(s):

	Course Code	Course Class Number	Session	Course Name

STATEMENT OF SPECIAL CIRCUMSTANCES

Please attach evidence (e.g. – Medical Certificates or statements of support certified by an appropriate Professional)
Please note that all information provided will be kept strictly confidential. The information you provide here is the basis upon which the Review Officer makes their decision and ensures a fair outcome.

Please outline the reasons why this situation was beyond your control?

_____
_____
_____
_____

Please outline the time period you have been affected by your circumstances

_____
_____
_____
_____
_____

Please outline any other special circumstances you wish to include that have made it impracticable to complete your course(s) (please attach additional pages if necessary)

_____
_____
_____
_____

STUDENT DECLARATION

Signature _____ Date _____

Giving false or misleading information is a serious offence under the Criminal Code (Commonwealth)

Please submit your completed application to:
HESA Compliance Officer
Division of Registrar and Student Services
Pauline Griffin Building (11)
ANU ACT 0200

[1] Note: For a refund of any fees that you have paid UP FRONT, please fill out the Application for Refund form available at:
http://www.anu.edu.au/sas/fees/application_for_fee_refund.pdf
If you have not paid your fees up front, you do not need to fill out the Application for Refund form.

OFFICE USE ONLY

Date Form Received / Acknowledged: _____ *Review Officer name:* _____

D D M M Y Y