

# Application for remission of debt in special circumstances (HECS-HELP, FEE-HELP, VET FEE-HELP, VET Student Loans and Upfront Student Contribution)

The information and instructions for using this form are on page 3.

## Section A – Personal details

RMIT student number \_\_\_\_\_ Date of birth (DD/MM/YYYY) \_\_\_\_\_

Full name \_\_\_\_\_

Email address \_\_\_\_\_ Contact tel. number \_\_\_\_\_

Postal address (for the duration of the application process) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Postcode \_\_\_\_\_

Academic career:  Preparatory  Vocational Education  Undergraduate  Postgraduate  Research (please tick one)

## Section B – Details of the course/s for which you are seeking remittance

Teaching period e.g. Semester 1	Year	Course code e.g. HUSO2257	Course name

## Section C – Special circumstances

Attach your statement of special circumstances together with your independent supporting documentation to demonstrate your claim. Your statement and documents need to evidence 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 the census date for the teaching period and
- prevented you from passing the course/s 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 4. It would be helpful if your health care practitioner also provided a letter explaining your circumstances in more detail. Medical certificates may not be sufficient as they typically don't give 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 2000 (Vic)* 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. Refer to the RMIT *Privacy policy* at [rmit.edu.au/privacy](http://rmit.edu.au/privacy).

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## Section D – Student declaration

1. I am applying for remission and/or re-credit of my HECS-HELP, FEE-HELP, VET FEE-HELP, VET Student Loan or upfront student contribution in relation to the course/s listed in Section B on page 1.
2. I understand that it is my responsibility to establish sufficient grounds for remission and/or recredit and to provide evidence to demonstrate that these grounds exist.
3. I understand that RMIT will consider my application eligibility in accordance with the Federal Government's Higher Education Support Act 2003/VET Student Loans Act 2016 and associated guidelines.
4. I declare that the information I've provided on this application form and my attached statement is accurate and that I've read and understand the information provided with this application form.
5. I acknowledge that the University 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 on the basis of incorrect or incomplete information.
6. I give consent for the University 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 University about the circumstances described in my statement and their timing and impact on my ability to pass the course/s listed on page 1. I understand that I may be required to provide a more specific consent to disclosure of relevant information should this be required by the University.
7. I also give consent for the University to access supporting documentation that I've previously submitted for applications for special consideration and/or equitable assessment arrangements relevant to the teaching period/s listed on page 1.
8. I acknowledge that information may be sought in the University on communications and progress relevant to the course/s included in this application.
9. I understand that incomplete and unsupported applications cannot be considered by the University and that provision of false or misleading information is grounds for disciplinary action.

### Checklist

- I already have a final non-passing result on my academic record for the course/s listed on this application.
- I've read and understood the information and instructions on page 3 of this form.
- I've completed Section A and B of this form and I've provided a statement of my special circumstances.
- I've attached independent supporting documentation substantiating my statement of my special circumstances.
- I haven't applied before for remission of debt due to special circumstances for the course/s in the teaching periods listed on page 1 of this form.

Student signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

By signing here I acknowledge I have read, understood and agree to the above declaration and checklist.

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## Information sheet

### Who can use this form?

Use this form if you're a domestic higher education student or vocational education student who:

- withdrew from a course or courses after the census date because of special circumstances or
- was prevented from passing or withdrawing from courses because of special circumstances.

Special circumstances are defined below.

Use this form to apply to have your:

- HECS-HELP debt remitted
- FEE-HELP, VET FEE-HELP or VET Student Loans balance remitted (re-credited) and/or
- Upfront payment of a student contribution refunded.

### Who can't use this form?

- Domestic full-fee paying students who did not successfully apply for a HELP loan or VET Student Loan before the relevant census date.
- International students.
- Students who passed the relevant courses.
- Students who withdrew from their courses 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 RMIT Connect to discuss the matter.

### Time limits for applying

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

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

If you are uncertain about the applicable application period for one or more of your courses, please email [hesa.remission@rmit.edu.au](mailto:hesa.remission@rmit.edu.au) for advice.

Applications submitted more than 12 months after the relevant date can still be considered if you demonstrate (with independent supporting documentation) the circumstances which prevented you from submitting a timely 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:

- the special circumstances were beyond your control and
- 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 and
- you were unable to complete or pass your course because of those special circumstances.

### 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 page 4 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 formal letter from a doctor or counsellor who is familiar with you circumstances 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 formal letter from your employer that includes:

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

#### Course related reasons

Provide supporting documentation from your RMIT school or college demonstrating that the school/college changed the arrangements for your course after the census date with the effect that you were unable to complete the course.

### How do I submit this application?

Please scan your application, statement and supporting documents and email them to [hesa.remissions@rmit.edu.au](mailto:hesa.remissions@rmit.edu.au).

### What happens once I've submitted my application?

- We'll email to confirm receipt of your application and tell you how long it will take for us to assess your application.
- Once your application has been assessed, we'll email to advise you of the outcome.
- If you're dissatisfied with the outcome, you can apply to have the decision reviewed by an independent senior RMIT 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 may be able to apply to the Administrative Appeals Tribunal for a further review of the decision. You may have to pay an application fee. Please go to [aat.gov.au](http://aat.gov.au) for information about this process.

CRICOS provider code: 00122A

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## Impact assessment statement

### Please 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 provide a supporting letter explaining the condition and its impact.

I agree to RMIT University contacting my medical/health practitioner as necessary to clarify the information provided below.

Student signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

### Medical/health practitioner assessment

On (date/s of consultation) \_\_\_\_\_

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

Student name \_\_\_\_\_ Student number \_\_\_\_\_

and  have determined that they are suffering from \_\_\_\_\_  
(condition to be stated with student's consent)

or  the student reports that they are suffering from \_\_\_\_\_

From date (DD/MM/YYYY) \_\_\_\_\_ to date (DD/MM/YYYY) \_\_\_\_\_

The condition is  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/health 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 following		
2. Able to do sustained reading, note-taking and writing <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, able to work <input type="checkbox"/> as usual <input type="checkbox"/> moderately less than usual <input type="checkbox"/> significantly less than usual	<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the following		
3. Able to perform a task requiring intense concentration for 1-2 hours <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, able to complete <input type="checkbox"/> as usual <input type="checkbox"/> significantly less than usual	<input type="checkbox"/> as determined above <input type="checkbox"/> dates within the following		

Additional information (complete as needed)

Practitioner's signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

Practitioner's stamp (as available)

#### Complete only for details not provided in the stamp

Practitioner registration number \_\_\_\_\_

Address of practice \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_