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THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA

## Application Form Removal of Financial Liability Due to Special Circumstances

This application is for use by students applying for removal of financial liability, after the semester's census date, if special circumstances exist.

For information on eligibility requirements and the application process, you must read the **Guidelines for Applying for Removal of Financial Liability Due to Special Circumstances** at:

<http://www.uq.edu.au/myadvisor/removal-financial-liability>

### Important Notes:

- **Original or certified copies of supporting documentation must be supplied.**
- Ensure your application is complete, with original or certified copies of supporting documentation attached, and your **signed and dated** Personal Statement. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
- Applications should be sent to: The Student Centre, The University of Queensland, QLD 4072.

1. Personal Details								
UQ student number								
Family name								
Given names								
Date of birth								
Day-time telephone number								
Mobile number								
Personal email address								
Mailing address								

2. Course Details			
Details of the course(s) for which you are applying for removal of liability	Semester (e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> , Summer)	Year (eg 2008)	Course code (eg LAWS1000)

### 3. Special Circumstances

#### **Please attach your Personal Statement**

#### **Your Personal Statement must be signed and dated.**

Your statement must clearly explain the details of your case and the special circumstances which prevented you from completing your course(s). Ensure each of the four requirements outlined below are addressed (*Refer to the 'Guidelines for Applying for Removal of Financial Liability Due to Special Circumstances' for more details*):

1. Your application is made within 12 months from when you withdrew from the course(s) or, if you did not withdraw in the semester in which you were enrolled in the course(s), within 12 months from the end of the semester during which the course(s) were undertaken; **and**
2. Due to special circumstances, you were unable to complete the course requirements; **and**
3. The full impact of the special circumstances were not known until after the census date; **and**
4. The special circumstances were beyond your control.

**All supporting documents supplied must be originals or certified copies of originals.**

### 4. Details on Assessment and Progress

The Lecturer/Coordinator of the course(s) in which you are requesting Removal of Financial Liability will be contacted for information on your assessment and progress in the course(s) up to the point of withdrawal. The information to be requested includes:

- Attendance at lectures/tutorials;
- If you have submitted any assessment and if so the grades awarded;
- If you sat any mid or final semester examinations and any grades awarded.

Course(s)				
Name of the Lecturer/Coordinator				
School of the Lecturer/Coordinator				

### 5. Declaration

**Do NOT tick the boxes below, or sign or date this declaration, until you have read the *Guidelines for Applying for Removal of Financial Liability Due to Special Circumstances* and completed all application requirements.**

- I have read and understood the Guidelines. I understand an incomplete, photocopied or faxed application will **NOT** be processed and that it is my responsibility to ensure my application is complete.
- I have attached an original or certified copy of my **signed & dated Personal Statement** explaining the details of my case and the special circumstances which prevented me from completing my course(s).
- I have supplied **originals** or **certified copies** of supporting documentation which specifically address the special circumstance requirements outlined in part 3 of this form.
- I declare that the information supplied on this form, and in accompanying documents and statements, is complete and correct to the best of my knowledge.
- I authorise the University's Health Service to assess any medical documents relating to this application, and to contact my health care provider for information relating to this application.
- Further, I understand that giving false or misleading information is a serious offence under the *Criminal Code*.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Important: Applications which are either without a signed & dated Personal Statement, or original or certified copies of required supporting documentation, or are unsigned are considered **INCOMPLETE** and will **NOT** be processed.***