![Flinders University logo]

PROFESSIONAL SUPPORT STATEMENT
APPLICATION FOR REMISSION OR REFUND OF TUITION FEES

Your assistance as an independent professional is sought to provide substantiating evidence in support of a claim by the student nominated below for a remission or refund of tuition fees. If you require additional space or prefer to send your support as an attachment to this form, please provide this on letterhead quoting relevant provider or registration numbers.

All information provided will be treated in accordance with the *Privacy Act 1988* and any relevant guidelines. The information collected is used solely for the purpose of assisting the University to make an informed decision on the student's application. The authority to collect this information is contained in the *Higher Education Support Act 2003*.

The student must be able to provide independent documentation to demonstrate:

- Circumstances beyond their control
- Special circumstances which changed, occurred or worsened after the census date
- The special circumstances that they experienced made it impracticable to complete the requirements of their topic successfully

The completed form can be returned to the student for submission with their application.

SECTION A: TO BE COMPLETED BY THE STUDENT

Full Name:	
Date of Birth:	

I understand that the professional who completes Section B may be contacted to confirm the authenticity of this document.

Signed:_____ **Date:**_____

SECTION B: TO BE COMPLETED BY AN INDEPENDENT PROFESSIONAL

1. **What date(s) did you consult with the student regarding their special circumstances?**
   _____

2. **When did the student's circumstances occur?** _____

3. **When did the circumstances worsen to the extent that the student's studies were impacted?**
   _____

4. **In my opinion, the student will be/was fit to resume studies from**_____

5. **Please provide details of the student's special circumstances and in what manner they impacted the student's ability to successfully complete the requirements of the topic(s):**

Profession or Relationship to Student:	
Address:	
Contact Number:	
Email Address:	
Provider Number:	
Provider Stamp:	

I understand that I may be contacted to confirm the authenticity of this document.

Name:_____ **Signature:**_____ **Date:**_____