

## Application for Fee Reconsideration under Exceptional Circumstances

Send the completed form and supporting documents to [Fee-Reconsideration@vuw.ac.nz](mailto:Fee-Reconsideration@vuw.ac.nz) or submit in person to the Student Finance Office (Hunter Building, Kelburn Campus). Student Finance will email to confirm receipt of your application within 3 working days.

### Personal Details

First Name(s)	Last Name	
Email	Mobile Phone	Student ID

### Course Details

Subject Code (e.g., ACCY)	Course Code (e.g., 111)	CRN (e.g., 66603)	Trimester	Already withdrawn?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

### Circumstances

Date circumstances began	
Date on which you stopped participating in lectures/tutorials/laboratories	
Date when you first obtained medical or other professional advice (if applicable)	
Written statement explaining your circumstances	

## Evidence

Original or certified copies of evidence MUST be attached in support of this application. Your evidence should be from the relevant authority, e.g. a registered health professional, written on their official letterhead. Alternatively, they may send an email directly to: [Fee-Reconsideration@vuw.ac.nz](mailto:Fee-Reconsideration@vuw.ac.nz)

The evidence must verify dates and details given in Section 3 above by providing:

- Dates of the exceptional circumstance; and
- Impact of the exceptional circumstance on your ability to study

I have attached original or certified copies of appropriate evidence	<input type="checkbox"/>
OR the relevant authority will email the appropriate evidence to <a href="mailto:Fee-Reconsideration@vuw.ac.nz">Fee-Reconsideration@vuw.ac.nz</a>	<input type="checkbox"/>

## Declaration

- If further information or clarification of this application is required, I authorise the University to seek the relevant information directly from the persons who have supplied independent evidence in support of this application.
- I understand that the information associated with this application will be used for the purpose of this application only and will not be released to other unauthorised persons.
- I confirm the information contained in this application is true and correct in every particular and that I have not withheld any information that could have a material bearing on the application.

Student Signature <sup>1</sup>	Date
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<sup>1</sup>Electronic signature is acceptable if the application is sent from your preferred email address in MyVictoria