



## Student to Complete

*For third party payment*

I authorise the refund payment to be made to:

Student signature

Date

## \* Declaration

I \_\_\_\_\_ certify that the information provided above is true and correct, and that I have attached all required documentation.

Student signature

Date

Submit completed form along with all supporting documentation to:

Campus	Contact
All Main Campus locations	intrefunds@scu.edu.au
SCU Sydney, SCU Melbourne, SCU Perth	scuventures.refunds@scu.edu.au
Hotel School - All Locations	scuventures.refunds@scu.edu.au

Please note – to fill out and sign digital forms, a program such as Adobe Acrobat Reader is required.

## Privacy Information

Southern Cross University is committed to the responsible collection and handling of your personal information in accordance with all relevant legislation. The personal information collected on this form will be used for the purposes of assessing and processing your application. Your personal information may be disclosed to Commonwealth and State Agencies such as the Department of Education and Training, the Department of Home Affairs (DHA) pursuant to reporting obligations under applicable legislation. Your personal information will also be disclosed to your overseas student health care provider and, if you are under 18 years of age, to the carer appointed for you under the National Code made under the *Education Services for Overseas Students Act 2000*.

Your information will not be disclosed to other third parties without your consent. You have a right to access personal information that Southern Cross University holds about you. See the University's Privacy Policy for details, which can be accessed at

[scu.edu.au/privacy](https://scu.edu.au/privacy)