

OFFICE USE ONLY: Officers initials

Date

CRICOS Provider Code 00002J

MACQUARIE UNIVERSITY



# FEE ADJUSTMENT REQUEST FORM

## PERSONAL DETAILS

Family Name:

Given Names:

Student ID:           Contact Phone Number:

Gender: Male  Female  Date of Birth:

Course:

Email Address:

## PLEASE READ THE FOLLOWING

Please ensure that all the sections of the forms is completed and necessary documents submitted. Incomplete forms will not be processed.

Do not complete this form if your fee increased because of :

- Change of program
- New calendar year

If you have transferred to a new program, you are charged this year's rate for the new program.

## FEES ADJUSTMENT FOR

Overseas Student Health Cover (OSHC)  Incorrect Tuition  Other

Current amount:

Correct Amount:

## COMMENTS:

Signature: X \_\_\_\_\_

Date:

## OFFICE USE ONLY

All supporting documents supplied

Approved. Correct fee:  /cp

Not approved

Sent memo to Fees Office

Processed by:

Date:

Please return your completed form to Macquarie International (Building E3A Level 1) either in person at the Front Desk OR by fax to (02) 9850 7733 OR by email to [iss@mq.edu.au](mailto:iss@mq.edu.au) (must be scanned copy with a signature)