



**Faculty of Law and Business
POSTGRADUATE ALUMNI REBATE**

DATE: _____

NAME: _____

ADDRESS:

ACU STUDENT ID NUMBER: _____

PLEASE GIVE DETAILS OF:

1. The course from which you have graduated, with your date of graduation

2. The current course for which you are claiming the rebate

STUDENT SIGNATURE: _____

(FOR ACU USE ONLY)

Name of Authorising Signatory: _____

Authorising Signature: _____ **Date:** _____
(As per Financial Delegations)