

Notice of Course Withdrawal

Course Withdrawal Conditions In the event you intend to transfer your study to another provider or terminate your course. One month notice in writing is required before the commencement date of the next term. If less than one month notice is given, the student or an agent have the obligation to pay the following term's fees according to the instalment indicates on the offer letter

- In Person - Please complete this form and consult with the Administration Officer to get Approval for your Withdrawal Application

FOR ADMINISTRATION PURPOSES ONLY

Forward this form with the Attachments to Student Administration Officer.

- | | |
|---|---|
| <input type="checkbox"/> Letter
(Attach the letter to Withdrawal Form) | <input type="checkbox"/> Telephone
(Attach the message to Withdrawal Form) |
| <input type="checkbox"/> Email
(Attach printout of the email to Withdrawal Form) | <input type="checkbox"/> Fax
(Attach a copy of the fax to Withdrawal Form) |

To be completed by the Administration Officer and/or Student

Student Last Name:		Student First Name:	
Date of Birth		Student ID:	
Course:			
Start Date of Course		Finish Date of Course	
Student Type:	<input type="checkbox"/> Fee for Service	<input type="checkbox"/> International	<input type="checkbox"/> Funded Training
Reason Given and Comments:	<div style="border: 1px dashed black; padding: 5px;"> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">(Attach further details if this is insufficient space)</p> </div>		
Date of Withdrawal:		Student Signature (Only required if notice given in person):	
Reason Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved By Principal:	

Once the above is completed, forward Form to the Administration Office

Date Student Last Attended a Class: _____

Final Fee Notice Issued:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Entered on PRISMS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered:	_____
Letter from New Provider Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New eCoE		Admin Signature:	_____

Forward Approved Form to Administration Office

Documents issued:				
<input type="checkbox"/> Certificate of Attendance (Date issued _____)				
<input type="checkbox"/> Statement of Attainment for withdrawal of course (Date issued _____)				
<input type="checkbox"/> Release Form for withdrawing from a Course and Changing Providers				
Withdrawal Entered on VETTrak:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Entered By:		Date:

Completed form with all the attachments must be submitted to the Principal for Final Approval.

