

Withdrawal form

SECTION A: To be completed by (domestic) student and returned to their Training Coordinator

First Name		Surname	
Date of Birth		Student ID No.	
Course Code & Name			
Start Date		Withdrawal date	

Please complete the table below in as much detail as you can

Please indicate the unit of study status / action	Unit of Study	Start Date	Census Date	End Date	Payment
		<input type="checkbox"/> Withdrawal pre census <input type="checkbox"/> Withdrawal post census <input type="checkbox"/> Completed	UOS 1		
<input type="checkbox"/> Withdrawal pre census <input type="checkbox"/> Withdrawal post census <input type="checkbox"/> Completed	UOS 2				
<input type="checkbox"/> Withdrawal pre census <input type="checkbox"/> Withdrawal post census <input type="checkbox"/> Completed	UOS 3				
<input type="checkbox"/> Withdrawal pre census <input type="checkbox"/> Withdrawal post census <input type="checkbox"/> Completed	UOS 4				

Please Note: In the event of a withdrawal post census no refund is applicable for that unit of study unless special circumstances apply. If applying for special circumstances please complete the Special Circumstances Form.

Reason for withdrawal – if you need more space please turn over

Reason for withdrawal	
Please tick which category best describes your reason for withdrawal (please choose one only):	
<input type="checkbox"/> Employment	<input type="checkbox"/> Family/Relationship
<input type="checkbox"/> Personal	<input type="checkbox"/> Change to another institute
<input type="checkbox"/> Other – please specify: _____	<input type="checkbox"/> Financial
	<input type="checkbox"/> Medical
	<input type="checkbox"/> Complaint about the college

Note 1: Refunds will be made to the student, organisation or third party who originally paid.

Note 2: Any refund will be made via the same payment method used for payment (ie, by credit card, direct deposit)..

Signature of Student: _____ Date: __ __ / __ __ / __ __ __ __

Office Use

Date Withdrawal received	___ / ___ / _____	Withdrawal Processed	___ / ___ / _____
Training Coordinator			