AREA OF SERVICE- COURSE WITHDRAWAL FORM

NOTE: STUDENTS ARE REQUIRED TO COMPLETE AND SUBMIT THE FORM TO THE STUDENT SUPPORT OFFICER IF THEY WISH TO WITHDRAW FROM THE COURSE.

Student ID No.			
Given Name			
Surname			
D.O.B (dd/mm/yyyy)		Gender	Male Female
Course			
Address			
Suburb		Postcode	
Home Phone		Mobile Phone	
Email			

Reason for withdrawing the course(s):

For International Students Only:

◯ I am applying for a letter of release.
◯ I have attached a letter of offer from my new provider and other supporting documents.
◯ I understand that withdrawing from my enrolment will result in cancellation of my COE and this may affect my student visa.
◯ I understand that if I am not issued with a letter of release, cancellation of COE cannot be treated as a letter of release.

Signature		Date	/ /

Office Use Only

Received by Administration	Name:		Date:	/ /
Administration Executive Signature			Date:	/ /
Request Approved: ◯ Yes ◯ No			**Date Processed:**	
Correspondence sent to Student: ◯ Yes ◯ No			**If Yes, Date sent:**	