

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

TO WITHDRAW FROM THE COURSE.								
Student ID No.								
Given Name								
Surname								
D.O.B (dd/mm/yyyy)				Gender	Male	F	emale	
Course								
Address								
Suburb				Postcode				
Home Phone				Mobile Phone				
Email								
Reason for withdrawing the course(s):								
For International Stude	nts 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 wit						may affect	my student visa.	
I understand that if I	am not issued	with a letter o	of release, cance	llation of COE canno	ot be trea	ted as a lett	er of release.	
Signature				Date		/ /		
Office Use Only								
Received by Administra	tion	Name:			Date:	/	/	
Administration Executive Signature					Date:	/	/	
Request Approved: Yes No					Date Processed:			
Correspondence sent to Student: Yes No					If Yes, Date sent:			