

ENROLMENT CANCELLATION FORM

STUDENT DETAILS

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|----------------------------|--|-------------------------|-------------|-----------|
| Family Name: | | | USI number: | |
| Given Name(s): | | | | |
| Date of Birth: | | Phone Number: | | |
| Postal Address: | | | | |
| City: | | State: | | Postcode: |
| Preferred E-Mail: | | | | |
| Currently Enrolled Course: | | Course to be Cancelled: | | |

ENROLMENT CANCELLATION DETAILS

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|--|--|--|--|
| I wish to CANCEL my enrolment due to: | <input type="checkbox"/> Medical reason (must attach): ➤ statement of reasons ➤ acceptable medical certificate/s ➤ other supporting documentation | <input type="checkbox"/> Compassionate and/or compelling reason (must attach): ➤ statement of reasons ➤ supporting documentation | <input type="checkbox"/> Others (Please provide details) |
| Last Day of Study: | | | |
| Have you enrolled in any other course? | <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide details) | | |
| Details of the course I wish to transfer to: | | | |
| Course: | | Institution: | |
| Expected Start Date: | | | |

STUDENT DECLARATION

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|---|--|
| Have you: | |
| Completed all of the required details? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Attached Letter of Offer from another institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Attached a statement of reasons and relevant supporting documentation (for transfer / cancellation where required?) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you have answered no to any of the above questions relevant to your application, please note that your application will not be assessed until the appropriate documentation is provided. | |
| Declaration: 1. I understand that if I have not supplied appropriate supporting documentation, then this application will not be granted. 2. I understand that I must submit appropriate supporting documentation to the Sherwood Institute of Australia Admissions office within 14 days of the submission of this application (if not already provided with this application). 3. I declare that the information provided by me is true and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relation to my application may delay the processing of my application. 4. I declare that I have read and understood the Refund Policy as is relates to this application. 5. I understand that I must continue to attend all scheduled classes of my current course until I have been notified of the outcome of my application. | |
| Signature of Student: | Date: |

APPLICATION OUTCOME (OFFICE USE ONLY)

| | | | |
|---|--|--|--|
| Outstanding fees: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Amount: | | | |
| Due Date: | | | |
| Finance Officer | | | |
| Date: | | | |
| Supporting evidence received: | | | |
| <input type="checkbox"/> statement of reasons <input type="checkbox"/> medical certificate/s <input type="checkbox"/> letter of offer from another institution <input type="checkbox"/> evidence of compassionate and compelling circumstances <input type="checkbox"/> other supporting documentation: | | | |
| Approved: <input type="checkbox"/> | | Not Approved: <input type="checkbox"/> | |
| If not approved, state reasons: | | | |
| Administration Officer Signature: | | Date: | |
| Notice of decision sent to student (max. 10 working days) | | Name: | |
| | | Date: | |
| <input type="checkbox"/> Enrolment cancelled on | | By: | |
| <input type="checkbox"/> Student Management system updated on | | By: | |
| <i>Please attach the notification evidence, variation report and amended application form and store a copy in the student's file.</i> | | | |
| Date Student Notified of Approval: | | | |
| Notified by: | | Signature of staff: | |
| Mode of Notification: | <input type="checkbox"/> Email <input type="checkbox"/> Post | | |