

STUDENT WITHDRAWAL FORM

This form is to be used for applications for formal withdrawal from a program / qualification or unit of competency and change of unit enrolment if applicable.

Student's Name:	
Phone Number:	

SECTION 1

I wish to formally withdraw from the following program / qualification:

Program / Qualification Code	
Program Qualification Title	

OR

I am requesting to formally withdraw from the following unit/s: (if you are enrolling in alternative units please complete section 2)

Unit Code	Unit Title

Reason for withdrawal (please tick)

- Changing unit(s) I am enrolled in (complete section 2)
 Transport or travel issues
 Workplace demands
 Financial reasons
 Lack of employer support
 Health of family member/ self
 Other (Please specify) _____

I request to change my enrolment to the following unit(s) (if applicable):

Unit Code	Unit Title

CHECKLIST

The following is a checklist to help ensure that you have completed and attached all your relevant documentation correctly before submitting this form to Student Services for processing.

- I am aware that Student Services may be able to provide me with options to continue studies
- I have discussed my options with a representative of the college and I have attached the Documentation of Informal Discussions – Cover Sheet to this form.

PERSONAL DETAILS:

- Have all your personal details requested on the form been filled in correctly?

TYPE OF WITHDRAWAL INFORMATION

- Have you listed the unit(s) / subject(s) you are withdrawing from including the unit / subject codes?
- Have you noted the full name of the course you are withdrawing from?

GENERAL INFORMATION

- Have you completed the question for any fees outstanding?
- Have you checked the financial and academic penalties associated with your withdrawal?

CIRCUMSTANCES OF YOUR WITHDRAWAL

- Have you noted the circumstances for which you are applying for a Withdrawal and attached all relevant documentation to this application?

DECLARATION

- Have you signed and dated the Withdrawal Form?

DECLARATION

- I declare that to the best of my knowledge, the information I have supplied on this form is true and correct. I have read and understood the Withdrawal Policy and Procedure.
- I am the parent/guardian for a student under 18 years signing on behalf of the student

Student's Signature:		Date:	
Parent/Guardian Signature		Date	

OFFICE USE ONLY

Received by:	
Date Received:	
VETtrak updated	
Training plan updated	