

Enrolment Cancellation / Withdrawal Form

STUDENT DETAILS

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

ENROLMENT CANCELLATION DETAILS

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

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(SIA) 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		