

Application for Withdrawal Form

International Students

This form is to be completed by international students who wish to withdraw/cancel from their course of study. Cancellation of Studies will be granted in accordance with our Deferral, Suspension and Cancellation Policy. Further information can be found in your student handbook.

Your visa may be affected by your application to withdraw so you should contact DIBP on 131 881 to discuss any implications.

Student Name:	Student ID:
Date: / /	Course:

I wish to withdraw from the course I am enrolled in with Southern Academy of Health Sciences. I wish to withdraw for the following reason/s:

I have discussed the reasons for withdrawal from the course with the Education Manager Yes No

Note that you are required to meet with the Education Manager prior to submission of this form.

Have your contact details changed since you last advised us of them? Yes No If yes, please provide below.

Home Address:	
Suburb:	Postcode:
Telephone:	
Mobile:	Email:

<u>Student Signature</u>	<u>Parent/Legal Guardian Signature</u> (only required for students under 18)
Signed:	Signed:
Printed Name:	Printed Name:
Date:	Date:

Please forward this completed form to our office on the details below.

Upon receipt of this form and approval of your application, you will be withdrawn. Once your withdrawal has been processed, you will be issued with a statement of attainment for any competencies you have achieved. This statement cannot be provided until all outstanding fees have been paid.

To apply for a refund of course fees paid (if applicable), please use the Application for Refund Form.

Application for Withdrawal Form

International Students

Office Use Only

Withdrawal Form

Approved

Not Approved

Checklist

Notified Student

SMS updated

PRISMS updated

Comments:

Approved/Rejected By

Staff Name:

Position:

Signature:

Date