

Withdrawal/Cancellation Form

To be filled out by the Student and submitted to the Administration Department. Please Note: This request will may followed up by an interview and you must allow 10 working days to be processed

Title: Mr / Ms / Miss / Mrs	Student Name:
Student Number:	Phone:
Email:	Course Title:
Course Start Date:	Batch/Session:
Date of Withdrawal/Cancellation effective from:	Transfer to other institution: ☐ Yes ☐ No

Reason for Withdrawal (Please detail your reason(s) for wishing to withdraw from your course(s) and attach any supporting documentation to support your request. Attach additional sheets if necessary)

By signing this document, you are indicating that you are aware of Austrasia College's Student Deferment, Suspension and Cancellation Policy, Student Refund Policy and terms and conditions indicated in your Offer Letter and Student Acceptance Agreement.

I (Print Name) _____ declare that all information and supporting documentation provided by me is true and correct. I understand that providing false information to Austrasia College may result in termination of my enrolment and/or entitlements.

Student Signature: _____ Date: _____

Please note: If you are on a student visa and your cancellation request is approved, government legislation requires Austrasia College to inform the Department of Home Affairs (DHA) of the cancellation. This may affect your student visa.

Office use only

Application Received By	Name:	Signature:	Date:
Application Status	☐ Approved ☐ Rejected		
Action Taken By	Name:	Signature:	Date:
Staff Comments:			