

## Withdrawal/Cancellation Form

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

<b>Title: Mr / Ms / Miss / Mrs</b>	<b>Student Name:</b>
<b>Student Number:</b>	<b>Phone:</b>
<b>Email:</b>	<b>Course Title:</b>
<b>Course Start Date:</b>	<b>Batch/Session:</b>
<b>Date of Withdrawal/Cancellation effective from:</b>	<b>Transfer to other institution: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>

**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)**

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**By signing this document, you are indicating that you are aware of Training Masters'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 Training Masters 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 Training Masters to inform the Department of Immigration and Border Protection (DIBP) of the cancellation. This may affect your student visa.

**Office use only**

<b>Application Received By</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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**Application Approved or Rejected (Please circle)**

<b>Action Taken By</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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**Staff Comments:**

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