

COURSE CANCELLATION / WITHDRAWAL FORM					
SECTION A - PER	SONAL DETAILS				
STUDENT NAME:					
STUDENT ID:		DATE OF BIRTH			
COURSE CODE:					
COURSE NAME:					
CONTACT NUMBER: ADDRESS IN					
AUSTRALIA (IF APPLICABLE)					
ADDRESS IN HOME COUNTRY:					
SECTION B - REQ	UEST				
I would like to apply for					
☐ Cancellation/Withdraw	al				
of my enrolment at Educ	ation Training and Emplo	yment Australia and I a	m aware that:		
I must attach any relevation lodging this form.	ant supporting documentation	on to this application form	n, or as soon as possible after		
2. This form will only be a	ssessed once all document	ation has been received.			
3. ETEA may ask for more	e documentation, if required	Í.			
Applications are usually documentation.	processed within 5 workin	g days after the submissi	on of all the required		
5. I must seek advice from Department of Human Affair (DHA) on the potential impact on my student visa as a result of changes to my enrolment status.					
Reason for the Reques	st:				

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	Document	Course Cancellation / Withdrawal For	rm	Company name		Issued:	Dec 2019	Ver
	Name				ETEA			1.1
	Authorised by	horised by QMC CRICOS		# 02925E	RTO # 5089	Review:	24 months	
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SECTION C – EVIDENCE DOCUMENTATION
Please indicate the type of evidence documentation you are attaching to your application.
□ Medical Certificate
□ Others (provide details)
Student's signature: Date:/
Student's signature/
SECTION D - OFFICE USE ONLY
□ APPROVED – Please attach Course Variation and Letter of approval to this form and provide a copy to the
student.
□ NOT APPROVED - Please attach the refusal letter and provide a copy to the student.
International Student Coordinator
Print Nama
Print Name
Signature Date

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