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| **COURSE CANCELLATION / WITHDRAWAL FORM** | | | |
| **SECTION A - PERSONAL 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 - REQUEST** | | | |
| **I would like to apply for**  **󠆲 Cancellation/Withdrawal**  **of my enrolment at Education Training and Employment Australia and I am aware that:**   * 1. I must attach any relevant supporting documentation to this application form, or as soon as possible after lodging this form.   2. This form will only be assessed once all documentation has been received.   3. ETEA may ask for more documentation, if required.   4. Applications are usually processed within 5 working days after the submission of all the required documentation.   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 Request:** | | | |
| **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: ....../....../...... | | | |
| **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 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |