

| COURS | SE CANCELLATION / | WITHDRAWAL FO | RM - CRICOS |
|--|---------------------------|--------------------------|--------------------------------|
| SECTION A - PERSON | AL 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 - REQUES | T | | |
| ☐ I would like to app | oly for Cancellation/W | ithdrawal of my enro | Iment at Education Training |
| and Employment Aus | tralia, and I am aware t | hat: | |
| 1. I must attach any rel | evant supporting docum | entation to this applica | tion form, or as soon as |
| possible after lodgin | g this form. | | |
| 2. This form will only be | e assessed once all doc | umentation has been re | eceived. |
| 3. ETEA may ask for m | ore documentation, if re | quired. | |
| 4. Applications are usu | ally processed within 5 v | working days after the s | submission of all the required |
| documentation. | | | |
| 5. I must seek advice | from Department of H | luman Affair (DHA) o | n the potential impact on my |
| student visa because | e of changes to my enro | lment status. | |
| | | | |

| ı | Disclaimer: | Once t | his do | cument | is remo | ved fro | om the | owner | drive o | r printed | this | document | is no | longer | controlle | ed. |
|---|-------------|--------|--------|-------------|---------|---------|--------|-------|---------|-----------|------|----------|-------|--------|-----------|-----|
| - | | | 11 41 | 7.3.0.014.1 | | | _ | _ | | | | | | | | |

| Document | Course Cancellation / Withdrawal For | m- For | Company name | | Issued: | March | Ver 4 |
|---------------|--|----------|--------------|------------|---------|-----------|--------|
| Name | CRICOS | | | ETEA | | 2025 | |
| Authorised by | QMC | CRICOS | # 02925E | RTO # 5089 | Review: | 24 months | |
| ©Education Tr | raining & Employment Australia Pty Ltd | ABN: 620 | 85390692 | | | Page | 1 of 2 |

| 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: | |
| Student's signature: Date: | |
| SECTION D - OFFICE USE ONLY | |
| SECTION D - OFFICE USE ONLY | |
| SECTION D - OFFICE USE ONLY | |
| □ APPROVED – Please attach Course Variation and Letter of approval to this form and pro | ovide a |
| □ APPROVED – Please attach Course Variation and Letter of approval to this form and proceed to the student. | ovide a |
| □ APPROVED – Please attach Course Variation and Letter of approval to this form and pro | ovide a |
| □ APPROVED – Please attach Course Variation and Letter of approval to this form and processor of the student. □ NOT APPROVED - Please attach the refusal letter and provide a copy to the student. | ovide a |
| □ APPROVED – Please attach Course Variation and Letter of approval to this form and proceed to the student. | ovide a |
| □ APPROVED – Please attach Course Variation and Letter of approval to this form and processor of the student. □ NOT APPROVED - Please attach the refusal letter and provide a copy to the student. | ovide a |
| □ APPROVED – Please attach Course Variation and Letter of approval to this form and process to the student. □ NOT APPROVED - Please attach the refusal letter and provide a copy to the student. International Student Coordinator | ovide a |
| □ APPROVED – Please attach Course Variation and Letter of approval to this form and process to the student. □ NOT APPROVED - Please attach the refusal letter and provide a copy to the student. International Student Coordinator | ovide a |
| □ APPROVED – Please attach Course Variation and Letter of approval to this form and process to the student. □ NOT APPROVED - Please attach the refusal letter and provide a copy to the student. International Student Coordinator | ovide a |

Disclaimer: Once this document is removed from the owner drive or printed this document is no longer controlled.

| Document | Course Cancellation / Withdrawal Fo | rm- For | Company name | | Issued: | March | Ver 4 |
|---------------|-------------------------------------|---------|--------------|------------|---------|-----------|-------|
| Name | CRICOS | | | ETEA | | 2025 | |
| Authorised by | QMC | CRICOS | # 02925E | RTO # 5089 | Review: | 24 months | |
| ©Education T | Page | 2 of 2 | | | | | |