



WITHDRAWAL & CANCELLATION FORM

STUDENT PERSONAL DETAILS

First Name/s: _____

Middle Name/s: _____

Surname: _____

D.O.B.: _____

Student ID: _____ Home Telephone No. _____

Mobile No: _____

Address: _____

Suburb or Town: _____ State: _____ Postcode: _____

Students studying on campus are required to have this form signed by the Campus Manager at LAF College of Vocational Education before submitting it for approval.

Campus Manager (Name): _____

Signature: _____ Date: ____/____/____

Comments: _____

Refunds will be in accordance with the College's Refund Policy, which is available on the College's website or from Student Administration.

NOTICE OF PERMANENT WITHDRAWAL OR CANCELLATION FROM COURSE

Course Title: _____

Course Code: _____

Course Commencement Date: _____ Withdrawal is to take effect from: SEMESTER 1 SEMESTER 2

Withdrawal date: _____

Date last attended class: _____

REASON FOR WITHDRAW OR CANCELLATION

Main reason for withdrawing or cancelling your enrolment (please tick the box below):

LAF College of Vocational Education Pty/Ltd is unable to provide the program

- Withdrawal or cancelling due to compassionate & compelling circumstances (as determined by LAF College of Education – supporting documentation needs to be provided)
- Change to other Australian Education provider
- Other reason for withdrawing (please write reason below)

Did you receive any course counselling before deciding to withdraw? Yes No

If yes, from whom did you receive counselling: _____

Would you recommend studying at LAF College of Vocational Education? Yes No

If no, or if you have any other feedback please make comments: _____

STUDENT DECLARATION

- I declare that the information provided by me is true and complete. I have read and understood the LAF College of Vocational Education Withdraw/Cancellation Policy and acknowledge that my request for withdrawal will be processed in accordance with that policy.
- Application for refund will be completed as per the College's Refund Policy
- Refund is subject to the return of my Student ID card and any College property or material I may have in my possession.

STUDENT SIGNATURE: _____ **Date:** ____/____/____

APPROVALS – Office Use Only

Withdraw/Cancellation Application received by: _____

Withdraw/Cancellation Approved: Yes/No

Campus Manager (Signature): _____ **Date:** ____/____/____

Fee: Refund due **Initials:** _____ **Date:** ____/____/____