

## Application to Withdraw

*Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.*

<b>Student ID:</b>	<b>Student Name:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Course Name:</b>	
<b>Address:</b>	

### Student Withdrawal Request

I (Print Name) \_\_\_\_\_ Student Number \_\_\_\_\_

I am enrolled at iLearn OZ and wish to apply to withdraw my studies in my course(s) stated below (List all courses you wish to withdraw from):

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I commenced my studies / was scheduled to commence my studies on \_\_\_\_\_ and my last day

of actual attendance is \_\_\_\_\_

**Student 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 iLearn OZ's Student Deferment, Suspension and Cancellation Policy, Student Refund Policy and terms and conditions stipulated 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 iLearn OZ 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 iLearn OZ to inform the Department of Home Affairs of the cancellation. This may affect your student visa.*

**Office use only**

<b>Student Services / Admissions Department</b>	<b>Comments:</b>		
	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Accounts Department</b>	Tuition Fees Clear: Yes / No      Admin Fees Clear: Yes / No		
	<b>Comments:</b>		
<b>Action Taken By</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
	<b>Position:</b>		

Application

APPROVED

NOT APPROVED

Comments:



Learn. Grow. Become  
RTO NO: 52791; Cricos Code: 03831C