

## STUDENT WITHDRAWAL FORM

<b>Student Name</b>	
<b>Address</b>	
<b>Phone No.</b>	
<b>Enrolled Qualification</b>	

Please select one (1) of each of the options under the appropriate section below.

VET STUDENTS LOANS		
I wish to withdraw from my course (please select one of the following refund options below)		
<input type="checkbox"/>	Student cancels from the course with <b>30 days or more notice prior to the course commencement</b>	Full refund (less \$50 cancellation fee)
<input type="checkbox"/>	Student withdraws <b>prior</b> to the applicable scheduled census date	No debt incurred (less \$495 reservation fee)
<input type="checkbox"/>	Student withdraws <b>after</b> the applicable scheduled census date	Full debt incurred

SKILLS FIRST / FULL FEE PAYING		
I wish to withdraw from my course (please select one of the following refund options below)		
<input type="checkbox"/>	Student cancels from the course with <b>30 days or more notice prior to the course commencement</b>	Full Refund (less \$50 cancellation fee)
<input type="checkbox"/>	Student withdraws with less than 30 days' notice <b>prior</b> to the course start date	Partial Refund (less \$495 reservation fee)
<input type="checkbox"/>	Student withdraws <b>within</b> 2 weeks (full-time) or <b>within</b> 4 weeks (part-time) after the scheduled start date	Partial Refund (less \$495 reservation fee)
<input type="checkbox"/>	Student withdraws 2 weeks or more (full-time) or 4 weeks or more (part-time) <b>after</b> the scheduled start date	No Refund

*\*Students please be reminded that your enrolment under a Victorian government subsidised program (or part thereof, and regardless of completion), may impact your future training options and eligibility for further Victorian government subsidised training.*

BANK ACCOUNT DETAILS - IF REFUND IS APPLICABLE AND APPROVED			
Account Name		BSB	
Banking Institution		Account Number	

Reason for Withdrawal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only	
<b>Front office:</b> Date form received: ___/___/___ Staff Member initial: _____ Amount Paid: _____ Class lists amended <input type="checkbox"/> Assessments deleted <input type="checkbox"/> User De-Activated <input type="checkbox"/>	
<b>Back office:</b> SV hours claimed <input type="checkbox"/> aXcelerate updated <input type="checkbox"/> Response letter mailed to student <input type="checkbox"/>	
Refund (if applicable) \$ _____ <input type="checkbox"/>	