

REQUEST FOR COURSE WITHDRAWAL, CANCELLATION – FORM

To be filled out by the Participant and submitted to the Administration Department by email

Participant Name:		Participant ID Number:	
Address:			
Telephone/ mobile:		Email:	
Course:			
Explain why you are notifying SIC that you are withdrawing or cancelling your enrolment in your course :			
Evidence to support your application (medical certificate and letters or other information)			
Course Withdrawal , Cancellation Policy : Important Information <ul style="list-style-type: none"> You must submit notice of your intention and the request for a refund in writing. You must be up to date with course fees at the time of the request. Your request will be assessed following the refund policy in the term and conditions of enrolment If your request is successful you will be required to pay an administration fee. You will be issued with Statements of Attainment for units completed and paid to date. 			
Declaration I have read and accept the policy and declare that the information provided is correct and complete. I understand that any refund must comply with the terms and conditions.			
Participant Signature:		Date:	

For Office Use Only

Name correct	ID correct	Date received	
Course Expiry Date	Fee status	Decision	APPROVED /NOT APPROVED
Database updated	Refund amount	SofA issued	
Notes		Initials	