

Course Withdrawal Form

Student ID : _____	Name : _____
Contact No : _____	Email : _____
Course : _____	Course start date : _____
Have you attended any classes in this training period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when was the last date you attended classes? -----/-----/-----	
Reason for Course withdrawal (Please tick):	
<input type="checkbox"/> Medical Issues <input type="checkbox"/> Low Assessment Results <input type="checkbox"/> Loss of Interest in Course <input type="checkbox"/> Personal/Family Problems	<input type="checkbox"/> Transfer to another institute/ provider <input type="checkbox"/> Cannot keep up with study load <input type="checkbox"/> Accommodation issues <input type="checkbox"/> Obtained employment
<input type="checkbox"/> Change in Visa Status <input type="checkbox"/> Financial Issues <input type="checkbox"/> Support Services not adequate <input type="checkbox"/> Others _____	
Supporting documents provided (Please tick):	
<input type="checkbox"/> Medical Certificates <input type="checkbox"/> Airline Tickets	<input type="checkbox"/> Explanation Letter <input type="checkbox"/> Offer Letter
<input type="checkbox"/> Visa Grant <input type="checkbox"/> Others _____	
Important Information <ul style="list-style-type: none"> You must be up to date with course fees at the time of the request. Your request will be assessed based on the student course variation or withdrawal policy. If you wish to apply for a refund, you must fill out the Refund Request Form. Please refer to the refund policy. You will be issued with Statements of Attainment for units completed and paid to date upon request. 	
Student Declaration: I have read and accept the policy and declare that the information provided is correct and complete. I understand that providing false information to SIC may result in termination of my enrolment and/ or entitlements.	
Student Signature: _____	Date: _____

Office Use Only			
Received By: _____	Date Received: _____		
Student completing six months of their principal course of study <input type="checkbox"/> Yes <input type="checkbox"/> No			
Accounts	Academics	Student Services	IT Support
<input type="checkbox"/> Financial <input type="checkbox"/> Non – Financial Signature : _____ Date : _____	<input type="checkbox"/> Course Withdrawal Approved <input type="checkbox"/> Not Approved Signature : _____ Date : _____	<input type="checkbox"/> COE Cancelled <input type="checkbox"/> Student Notified of Outcome <input type="checkbox"/> RTOM Updated <input type="checkbox"/> Finish Date Updated <input type="checkbox"/> Scanned Form/Document Uploaded Signature : _____ Date : _____	<input type="checkbox"/> LMS Account Deactivated <input type="checkbox"/> RTOM Locked Signature: _____ Date: _____
			<input type="checkbox"/> Active Directory Deactivated <input type="checkbox"/> SIC Office 365 Deactivated Signature : _____ Date : _____
Notes/Comments: _____ _____ _____ _____			