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| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Student ID** |  | **Date of Birth** |  |
| **Address** |  | | |
| **Email** |  | | |
| **Contact Number** |  | | |
| **Course** |  | | |

Please select one of the following:

I wish to withdraw from my course and all units

I wish to withdraw from the following subjects only:

|  |  |  |  |
| --- | --- | --- | --- |
| **National Unit Code** | **Unit Name** | **Claiming Refund Yes/No** | **Lecturer’s Name** |
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| **REASON FOR WITHDRAWAL/REFUND**  Class cancelled  Overcharged (if due to concession, attach copy)  Incorrectly enrolled  Approved subject exemption or RPL  Medical reasons (attach medical certificate)  Transferring to another TAFE  Transferring from course to another  Referred by lecturer  Dissatisfied with course OR other reason (please provide details below) | | | |
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| **Applicants Signature:** |  | **Date:** |  |
| **Parent/Guardian Signature:**  **Required if student is under 18** |  | **Date:** |  |
| **Receiving Officers Signature** |  | **Date:** |  |

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| **FINANCIAL INSTITUTION DETAILS** | | | | | | | |
| *If eligible for a refund, payments are made electronically directly to your nominated Bank, Credit Union or Building Society account. A remittance advice containing details of payment will be sent to you. There is no charge to you from the College.*  Please provide your bank details below | | | | | | | |
| Bank Account Name |  | | | | | |  |
| BSB Code: |  | - |  |  | | | |
| Bank Account Number: |  | | | |  | | |
| Bank Name & Address: |  | | | | | |  |
| Account Holders Signature: |  | | | | Date: |  |
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| **OFFICE USE ONLY** |
| Direct Debit made inactive  Finance advised  Vet Fee Help? Yes  No   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Actual Enrolment Fees** | |  | **Refund Calculation** | | | Course fee |  |  | Course fee |  | | Resource fee: |  |  | Resource fee: |  | | Other fee: |  |  | Other fee: |  | | Discretionary fee |  |  | Discretionary fee |  | | **Total fees** |  |  | **Total fees** |  |   Type of Refund:  Full  Part  Pro Rata (include calculations)  No refund   |  |  | | --- | --- | | Current balance | $ | | Refund amount | $ | | New balance | $ |   Fees paid by:  (Fees to be refunded to party that paid them)  Sponsorship checked day after processing and Adjustment Note sent to AR (if required)  Withdrawal email sent  Comments:      Processed by: Date: |