



## APPLICATION to WITHDRAW

<b>Name</b>		<b>Student ID</b>	
<b>Email</b>		<b>Census Date</b>	
<b>Phone</b>		<b>Withdrawal Date</b>	

Do you wish to withdraw from the entire course?    Yes     No

Course National ID or Course ID (FFS)	Course Title

**Official Withdrawal Reason (Please tick)**

- |  |  |
|--|--|
| 1. Class cancelled <input type="checkbox"/><br>2. Medical reason (medical certificate required) <input type="checkbox"/><br>3. Incorrectly enrolled (college error) <input type="checkbox"/> | 4. To enrol in another course/unit <input type="checkbox"/><br>5. Financial reasons <input type="checkbox"/><br>6. Other reason/s <input type="checkbox"/> |
|--|--|

Payment Plan?    Yes     No

Payment Plan Cancelled Date: \_\_\_\_\_

If applicable, please make REFUND payable to:

<b>Account name</b>		<b>Bank/branch</b>	
<b>BSB number:</b>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<b>Account No.</b>	

### OFFICE USE ONLY

*I certify that this account is correct in respect of the requirements of Treasurer's Instruction 304(4)(i) to (vii)*

<b>Signature incurring officer:</b>		<b>Transaction Request No:</b>		<b>Refund/credit:</b>	\$
<b>Processed date:</b>		<b>Comments:</b>			
<b>Participation recorded:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Required Accountable Officer approval</b> <input type="checkbox"/> \$		
<b>Evidence attached:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>				

*I certify that this account is correct in respect of the requirements of Treasurer's Instruction 304(4)*

<b>Signature Certifying Officer (Finance):</b>		<b>Date:</b>	
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Uncontrolled when printed