

Course Withdrawal Application Form

Student details

Name			
Date of Birth		Gender	
Address			
Email			
Phone			

Reason for withdrawal

Please briefly describe the reason you have decided to discontinue your studies. <i>(You must submit the supporting evidence to support your withdrawal application)</i>	
Date you wish to withdrawal notice to take effect.	

Student declaration

<p>I hereby certify that the information provided in this form is complete, true and correct to the best of my knowledge.</p> <p>I am aware about the Ausford College's course deferment, suspension and cancellation policy. I understand and agree to conditions of this policy. I am fully aware that this course cancellation will be informed to the Department of Home Affairs and may affect my student visa. I am also aware of the consequences of discontinuation of my studies. I am fully aware that I must contact the immigration department for enquiries relating to my visa.</p>	
Signature	
Date	