

WITHDRAWAL FORM

This form is for the purpose of withdrawing from a commenced course.

Student Name:	First/Given Names:		
	Surname:		
Student ID:			
Address:	Street Address:		
	Town/ Suburb:	State:	Postcode:
Phone Number:	Home:	Mobile:	
Email Address:			
COURSE DETAILS:	Course Name:		
	Course Commencement Date:		
	Course Withdrawal Date (today's date):		

What is the reason for your Withdrawal?

Attached additional pages if required

Student Signature: _____

Date:

Please note: It is your responsibility to Apply for a refund in accordance with TAIE's refund Policy & Procedure, available on our website.

Please send completed Withdrawal Form to: 47 Butler Street Richmond 3121

Thank you for studying at TAIE

OFFICE USE ONLY

Withdrawal processed on SMS - Date: _____

Performed By (Signature): _____

Once process is completed, this form is to be filed in student file