

COURSE WITHDRAWAL AND CHANGE OF PROVIDER FORM

This form can be used for both International or Domestic students who wish to cease their studies from Kenvale College on a permanent basis.

International students can use this form if they wish to withdraw from the course at Kenvale College and/ or if they are willing to apply to study at a different Australian Education Provider.

International Students must have completed at least 6 months of their principal/ main course to be eligible to apply for Change of Provider. Students must provide evidence of enrolment (such as a Letter of Offer) at another provider to support their request.

If a student is returning offshore, they must provide evidence of their intention to return permanently to their home country.

International Students must pay any outstanding tuition fees prior to receiving a release letter.

If the withdrawal is granted, the student will receive a release letter. If the application is rejected, the student has the right to appeal by completing a complaints and appeals form.

SECTION A: REQUEST DETAILS

I am a : <input type="checkbox"/> Domestic <input type="checkbox"/> International	I'm applying for: <input type="checkbox"/> Course Withdrawal <input type="checkbox"/> Change of Provider
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SECTION B: PERSONAL DETAILS

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Family Name: (as in passport)
Given Name: (as in passport)	Student ID:

SECTION C: COURSE CURRENTLY ENROLLED IN:

Course Name:	Course Code:
Course Duration:	Start Date:
Industry Placement Hours:	VET Student Loans: <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION D: WITHDRAWAL REASONS**

Please explain in your own words the reason for your withdrawal:

SECTION E: STUDENT'S DECLARATION

I hereby officially **WITHDRAW** from the Course I am undertaking at Kenvale College for the following Semester _____ of the academic year _____.

I commit myself to pay any remaining tuition fees, or other fees owing to Kenvale College before receiving any certificate of qualification.

Student Name:	Student Signature:
	Date:


SECTION F: Office Use only

Academic Department	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
	Comments:		
	Signature:	Date:	
Compliance Department	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
	Comments:		
	Signature:	Date:	
Documentation Reviewed	Alternative Course Enrolment: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Cancellation of CoE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Payment of Outstanding Fees: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Airline One way Ticket: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Other Evidences (please specify):		