

Application to Withdraw

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Title: Mr / Ms / Miss / Mrs	Student Name:
Student Number:	Phone:
Course Title:	Email:
Group:	Date:

Student Withdrawal Request

I (Print Name) _____ Student Number _____ am enrolled at Sydney Metro College and wish to apply to withdraw my studies in my course(s) stated below (List all courses you wish to withdraw from):

I commenced my studies / was scheduled to commence my studies on _____ and my last day of actual attendance is _____.

Student Reason for Withdrawal (Please detail your reason(s) for wishing to withdraw from your course(s) and attach any supporting documentation to support your request. Attach additional sheets if necessary)

By signing this document, you are indicating that you are aware of Sydney Metro College's Student Deferment, Suspension and Cancellation Policy, Student Refund Policy and terms and conditions stipulated in your Offer Letter and Student Acceptance Agreement.

I (Print Name) _____ declare that all information and supporting documentation provided by me is true and correct. I understand that providing false information to Sydney Metro College may result in termination of my enrolment and/or entitlements.

Student Signature: _____ Date: _____

Please note: If you are on a student visa and your cancellation request is approved, government legislation requires Sydney Metro College to inform the Department of Immigration and Border Protection (DIBP) of the cancellation. This may affect your student visa.

Office use only.

Application Received By	Name:	Signature:	Date:	
Admissions Department	Comments:			
	Name:	Signature:	Date:	
Accounts Department	Comments:			
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Tuition Fees -				
Admin Fees -				
	Name:	Signature:	Date:	
Application Approved / Rejected				
Action Taken By (Campus Manager)	Name:	Signature:	Date:	
Staff Comments:				