

Austrasia College Pty Ltd RTO ID: 45303 | CRICOS Code: 03659K ABN: 33 616 949 412 T: +612 8066 0278 E: admissions@austrasia.edu.au W: www.austrasia.edu.au

Ultimo Campus: Level 3, 579 Harris Street, Ultimo NSW 2007

Withdrawal/Cancellation Form

To be filled out by the Student and submitted to the Administration Department. Please Note: This

| Title: Mr / Ms / Miss / Mrs | | Student Name: | |
|---|--|---|--|
| Student Number: | | Phone: | |
| Email: | | Course Title: | |
| Course Start Date: | se Start Date: Batch/Session: | | |
| Date of Withdrawal/Cance | ellation effective from: | Transfer to other institution: □ Ye | es □ No |
| | | (s) for wishing to withdraw from yo st. Attach additional sheets if neces | |
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| | | | |
| Suspension and Cancellat and Student Acceptance A (Print Name) | tion Policy, Student Refu Agreementdecl | that you are aware of Austrasia and Policy and terms and conditions are that all information and supporting | s indicated in your Offer Letter g documentation provided by me |
| enrolment and/or entitlemer | | e illioithation to Austrasia College i | may result in termination of my |
| enrolment and/or entitlemen | nts. | Date: | , |
| enrolment and/or entitlement Student Signature: | nts. | · · | |
| enrolment and/or entitlement Student Signature: Please note: If you are or | nts. n a student visa and you | Date: | government legislation requires |
| enrolment and/or entitlement Student Signature: Please note: If you are or | nts. n a student visa and you | Date: ur cancellation request is approved, | government legislation requires |
| enrolment and/or entitlement Student Signature: Please note: If you are or Austrasia College to inform Office use only | n a student visa and you the Department of Home | Date: ur cancellation request is approved, Affairs (DHA) of the cancellation. This | government legislation requires may affect your student visa. |
| enrolment and/or entitlement Student Signature: Please note: If you are or Austrasia College to inform Office use only Application Received By | n a student visa and you the Department of Home | Date: ur cancellation request is approved, Affairs (DHA) of the cancellation. This Signature: | government legislation requires may affect your student visa. |
| enrolment and/or entitlement Student Signature: Please note: If you are or Austrasia College to inform Office use only Application Received By Application Status | n a student visa and you the Department of Home Name: | Date: ur cancellation request is approved, Affairs (DHA) of the cancellation. This Signature: | government legislation requires may affect your student visa. Date: |