

PERSONAL DETAILS

Surname		Given Names	
Email Address			
Home Telephone		Mobile	
Address			
Course Name			
Commencement Date			

WITHDRAWAL REQUEST

Please tick your request:

- I wish to withdraw from my course.
- I wish to withdraw from a VET unit/s of study on or before the census date for that unit.
- I wish to withdraw from a VET unit/s of study after the census date for the unit.

Reason for Withdrawal:

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Unit of Study Code	Unit of Study Name	Office Use Only	
		Start Date	Census Date

STUDENT DECLARATION

By signing this form, I understand that I am requesting Fox Education & Consultancy to withdraw me from the above detailed unit/s of study. If at the time of completing this form, the Census Date for my current unit of study has passed, I understand that I am liable for the tuition fees for that unit of study.

Name: Signed: Dated: / /

OFFICE USE ONLY

- Approved.
- Not approved. If not approved, please provide reason:

Approved By: Name: Signed: Dated: / /