

Student Withdrawal Form

Complete and sign this form to permanently discontinue (withdraw from) your course at Australian Institute of Technology and Commerce.

OPTIONS

A number of options exist which you may wish to consider before terminating your enrolment. Options may include Leave of absence; Temporary Suspension of your Enrolment or Applying for an Internal Transfer to study in another course at AITC.

STUDENT SUPPORT

We also have a number of dedicated Student and Academic Support Services in place for those experiencing difficulty in meeting their course requirements. Please contact an AITC Student Support Officer to discuss options available.

INTERNATIONAL STUDENTS

Your application must be authorised by Australian Institute of Technology and Commerce. If seeking to transfer to another institution, you may be required to complete a Release Letter application. Please refer to AITC's Overseas Students Transfer Policy and Procedure for more information.

STUDENT ID CARDS

When you are discontinued from your course, your Student ID card will become invalid. Submit your ID card with this form to avoid any issues.

REFUND OF FEES

Please refer to AIYC's Refund Policy for more information.

| APPLICANT DETAILS | |
|---------------------------|--|
| First Name | |
| Last Name | |
| Date of Birth | |
| Email | |
| Mobile Phone | |
| Address Line 1 | |
| Address Line 2 | |
| Course | |
| Course Start Date | |
| Student ID (if available) | |

| WITHDRAWAL DETAILS | |
|--|--|
| Reason for Withdrawal (Please tick) | |
| <input type="checkbox"/> | Transfer to another Provider (please provide evidence) |
| <input type="checkbox"/> | Language difficulty |
| <input type="checkbox"/> | Personal/Family reasons |
| <input type="checkbox"/> | Financial reasons |
| <input type="checkbox"/> | Academic Difficulty |

Australian Institute of Technology & Commerce Pty Ltd

ABN 47 634 668 214 CRICOS Code: TBA

Head Office: Level 6, 8 Quay Street, Haymarket NSW 2000

Website: www.aitc.nsw.edu.au Email: info@aitc.nsw.edu.au

Phone: 02 9211 4958



| | |
|--|------------------------------------|
| <input type="checkbox"/> | Change in Visa status / conditions |
| <input type="checkbox"/> | Other reason, please specify: |
| <i>I declare that the information provided is true and accurate to the best of my knowledge and that I have not willfully suppressed any information. I understand that information contained in this form is collected for administrative purpose and handled in accordance with our Privacy Policy and Records and Information Management Policy.</i> | |
| Signature: _____ Date: _____ | |

| OFFICE USE ONLY | | |
|-----------------|------------------------------|----|
| Received by | | |
| Position | | |
| Date received | | |
| Assessed by | | |
| Position | | |
| Approved | <input type="checkbox"/> Yes | No |
| Comments | | |