

Student Withdrawal and Refund Request

Complete all details in Section A and B; Section C is only required if a refund is payable.

| SECTION A: CURRENT PERSONAL DETAILS | | | | | | |
|---|---------------|--|----------------|--------------------------|--|--|
| Student ID | | | Date of Birth | D D / M M / Y Y Y | | |
| Family Name | | | Given Name(s) | | | |
| Course Code | | | Campus | | | |
| Course Title | | | | | | |
| SECTION B: REASO | N FOR WITHD | DRAWAL | | | | |
| Please indicate rec | | | | | | |
| ☐ Withdraw from the course. | | | | | | |
| ☐ Defer studies and resume on// | | | | | | |
| \square Withdraw only from the units listed below and remain enrolled in all other units and continue in the course: | | | | | | |
| Unit Code | | Unit Name | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Please indicate yo | ur reason for | this request: | | | | |
| ☐ Difficulty in course workload ☐ | | d □ Change of mind | d | ☐ Gained employment | | |
| ☐ Financial difficulty | | $\hfill\Box$ Course does not meet needs | | ☐ Left district | | |
| □ Health issues | | ☐ Work commitments | | ☐ Enrolled in wrong unit | | |
| ☐ Personal issues | | □ Family issues | | □ Other reasons | | |
| Further details indicating reason for request listed below, if applicable: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Student Signature: Date: D D / M M / Y Y Y | | | | | | |
| If a student is not able to sign this form the staff member who has had the discussion with the student must complete Section D – see over. | | | | | | |
| SECTION C: REFUND DETAILS if refund is applicable | | | | | | |
| Bank Name | | | | | | |
| L | | | | | | |
| BSB Number | | | Account Number | | | |

Authorised by: Kim Russell Original Issue: 28/04/2020

Maintained by: Kim Russell Last Review Date: 12/05/2021

STUDENT WITHDRAWAL AND REFUND REQUEST FORM

WITHDRAWING FROM YOUR STUDIES

- Students that request formal withdrawal from their units or course are required to notify SuniTAFE of their intention.
- Students that have withdrawn from a Victorian government subsidised course are impacted by future training options and eligibility for government training under the Skills First program.
- Students that have deferred their studies must ensure they are enrolled again in the deferred course prior to the agreed re-start date to avoid being withdrawn from the course.
- Students that defer studies may be re-tested for eligibility under the Skills First program and will be tested for concession eligibility.

FEE REFUNDS

Information regarding refunds are set out at www.sunitafe.edu.au/about/procedures and www.sunitafe.edu.au/ab

PRIVACY

Your personal information will be used and collected as set out in the SuniTAFE Privacy Policy found at www.sunitafe.edu.au

| OFFICE USE ONLY | | | | | | |
|--|---|--|--|--|--|--|
| Section D: must be completed by the staff member that has been in contact with the student requesting the withdrawal where the student has not been able to sign this form. | | | | | | |
| Section E: must be completed by the Business Delivery Manager where the student has requested a Deferral from the course. | Section E: must be completed by the Business Delivery Manager where the student has requested a Deferral from the course. | | | | | |
| SECTION D: INSTITUTE STAFF MEMBER COMPLETION – IF APPLICABLE | | | | | | |
| By signing below, I confirm that in relation to the Student Withdrawal and Refund Request that the student has been provinformation detailing the impact on further training options and our Refund of Course Fees Policy: | ided | | | | | |
| I have an email regarding this withdrawal and a copy is attached (email address must be the current email address within SMS) | | | | | | |
| I have had a conversation with the student via telephone on/ at am/pm and full details of the conversation are detailed below supporting the withdrawal request or Student Interview Report is attached: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Staff Name: | | | | | | |
| Signature: Date: D J M M J Y | r | | | | | |
| | | | | | | |
| SECTION E: BUSINESS DELIVERY MANAGER DEFERRAL APPROVAL | | | | | | |
| ☐ Deferral is approved *if approved, the Administration Team will verify prior to finalising the Deferral | | | | | | |
| ☐ Deferral is not approved. | | | | | | |
| Please provide further information related to the Deferral approval/non-approval, if applicable: | | | | | | |
| | | | | | | |
| BDM Name: | | | | | | |
| Signature: Date: D J M M J Y | / | | | | | |
| ADMINISTRATION DEFERRAL VERIFICATION | | | | | | |
| ☐ Deferral can be applied ☐ Deferral cannot be applied Further information to be related to the Deferral, if applicable | : | | | | | |
| | | | | | | |
| Signature: Date: D D / M M / Y Y Y | / | | | | | |

Authorised by: Kim Russell Original Issue: 28/04/2020

Maintained by: Kim Russell Last Review Date: 28/04/2020