

Student Withdrawal Request

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- Students that have withdrawn from a Victorian government subsidised course are impacted by future training options and eligibility for government training under the Skills First program.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studies must ensure they are enrolled again in the deferred course prior to the agreed re-start date to avoid being withdrawn from the course.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/about/policies

Please complete all details in Sect		
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: REQUEST FOR WITHI	PRAWAL	
Please indicate request for without	lrawal:	
☐ Withdraw from the course.		
_		
Defer studies and resume o	n// 6 months and only where participation has occurred i	in the course in the current year
☐ Withdraw only from the un Unit Code	ts listed below and remain enrolled in all other un Unit Name	nits and continue in the course:
Onit Code	Ont Name	
Please indicate your reason for t	his request:	
☐ Difficulty in course workload	d □ Change of mind	☐ Gained employment
☐ Financial difficulty	☐ 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
PRIVACY: Your personal information wil	be used and collected as set out in the SuniTAFE Privac	cy Policy found at <u>www.sunitafe.edu.au</u>

Authorised by: Senior Manager, Administration **Original Issue**: 28/04/2020

OFFICE USE ONLY		
Section C: 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 D: 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 delegated Administration Officer to confirm a deferral can be actioned where the student has requested a Deferral from the course.		
SECTION C: INSTITUTE STAFF MEMBER COMPLETION – IF APPLICABLE		
By signing below, I confirm the following:		
☐ 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 D / M M / Y Y Y Y		
SECTION D: 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:		
EDM Name:		
Signature: Date: D J M M J Y Y Y Y		
SECTION E: ADMINISTRATION DEFERRAL VERIFICATION		
☐ Deferral can be applied		
☐ Deferral cannot be applied – EDM and student notified		
Further information to be related to the Deferral, if applicable:		
Signature: Date: D D M M Y		

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