



Park Orchards
Community House
& Learning Centre

STUDENT WITHDRAWAL FROM COURSE

Student Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone no: _____

Email: _____

Course Name: _____

Date of Withdrawal: _____

Reason(s) for Withdrawing:

Progress to Date (units completed):

Note – We require your authority to progress your withdrawal. We anticipate you will complete this form. However, if you do not respond we will use this advice as evidence that we attempted to contact you to formalize your withdrawal from the course.

Would you like a representative of Park Orchards Community House & Learning Centre contact you about your withdrawal from this course?

Yes

No, I do not want to provide any (or further) information.

I have / have not provided a medical certificate which indicates my incapacity to undertake the course

Government funded training students only (Refund of Fees policy refers)

I am / am not seeking a pro rata refund for the tuition fee and administration, amenities and material fees for the remainder of the course.

Student's signature

Date

Office Use Only

Approved by: _____

Signature: _____

Date: _____