

## Course Withdrawal/Defer/Amendment Form

<b>Section 1 –Student Details</b>			
<b>Name:</b>			
<b>Contact Tel:</b>		<b>Mobile:</b>	<input type="checkbox"/>
<b>Email:</b>	<input type="checkbox"/>		
<b>Qualification / Course:</b>		<b>Course Date:</b>	<input type="checkbox"/> / /
<b>Section 2 – Change Details</b>			
<input type="checkbox"/> <b>I wish to withdraw from this course.</b> I understand I need to abide by the Refunds Policy.			
<b>Withdrawal Date:</b>	<input type="checkbox"/> / /		
<b>Withdrawal Reason:</b>			
<b>Signature</b>		<b>Date:</b>	<input type="checkbox"/> / /
<input type="checkbox"/> <b>I wish to Transfer to another course date.</b> I understand my transfer will be subject to course availability.			
<b>Transfer to Date:</b>	<input type="checkbox"/> / / or <input type="checkbox"/> / /		
<b>Transfer Reason:</b>			
<b>Signature</b>		<b>Date:</b>	<input type="checkbox"/> / /
<input type="checkbox"/> <b>I wish to Transfer to another Delivery Mode.</b> I understand there may be further fees involved.			
<b>Transfer Date:</b>	<input type="checkbox"/> / /		
<b>Transfer Reason:</b>		<b>New Delivery Mode:</b>	<input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Online
<b>Signature</b>		<b>Date:</b>	<input type="checkbox"/> / /
<input type="checkbox"/> <b>I wish to Defer my enrolment in this course.</b> I understand that my enrolment has an expiry date.			
<b>Defer to Date:</b>	<input type="checkbox"/> / /		
<b>Deferral Reason:</b>			
<b>Signature</b>		<b>Date:</b>	<input type="checkbox"/> / /
<b>Section 3 – Authorisation</b>			

Requested Change has been approved?				<input type="checkbox"/> <input type="checkbox"/> Yes		<input type="checkbox"/> <input type="checkbox"/> No	
<b>Signature:</b>				<b>Position:</b>			
<b>Print Name:</b>				<b>Date Processed:</b>			
<b>Admin Use Only</b>							
<b>Changed in SMS:</b>		<input type="checkbox"/> <input type="checkbox"/> Yes		<input type="checkbox"/> <input type="checkbox"/> No		<b>Date:</b> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
<b>Logged By:</b>				<b>Signature:</b>			
<b>Formal Letter/Email Sent:</b>		<input type="checkbox"/> <input type="checkbox"/> Yes		<input type="checkbox"/> <input type="checkbox"/> No		<b>Date:</b> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
<b>Sent By:</b>				<b>Signature:</b>			