

PO Box 2286 Strawberry Hills NSW 2012 CRICOS Provider Code: 03662D ABN: 19 892 732 021

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## WITHDRAWAL FROM COURSE OF STUDY

If you are thinking of withdrawing from your course, take a moment to discuss your concerns with the Director of Curriculum and Student Registrar, your Course/Subject Leader, Head of Discipline or lecturer, or the Student Centre. In circumstances where you are unable to complete the withdrawal process, you may be withdrawn from your course by the School, following consultation with you and with the approval of the Director of Curriculum and Student Registrar.

If you withdraw from your course after your census date, you are unable to obtain a refund or re-credit of your full fee for the semester unless there are exceptional circumstances.

If you withdraw from your course, you will be required to complete the standard student exit clearance process.

1. STUDENT DETAILS							
Name:				Stu	udent No:		
Course:							
2. REASON FOR WITHDRAWAL							
	Course not appro Studying elsewh Family/personal Work commitme Health issues Change of circur	ere circumstances ents					
	Financial Other (provide details if applicable):						
Date of with	ndrawal:						



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SIGNED:

I declare that the information I have submitted in this application is true, correct and not misleading. I understand that AFTRS may vary or reverse any decision concerning my application or not process my application if this is not the case, and that giving false or misleading information may also be an offence under the *Criminal Code*. [I authorise AFTRS to contact any person or organisation giving supporting documents for the purpose of verifying the information they contain.]

DATE:

4. PRIVACY INFORMATION			
AFTRS requires the information you give in this a Where required to meet AFTRS' legal or admini Australian government entities. AFTRS collects and law and AFTRS' <u>Privacy Policy</u> , which sets out how about you, and how you may complain about any	strative obligations, AFTRS r d deals with your personal info v you may access and correc	nay disclose information ormation according to Aus	in it to othe tralian privac
Office Use Only:			
4. RECOMMENDATION AND APPROVAL			
Application received in the Student Centre:	Date:		
Course leader or their delegate consulted and er	Date:		
Head of Learning and Student Experience: Recommended Not Recommended	Signature:	Date:	
Director of Curriculum & Student Registrar: Approved Not Approved	Signature:	Date:	
5. STUDENT CENTRE ACTION			
Withdrawal completed in Paradigm:	Date:		
Applicant advised of decision:	Date:		
Exit clearance completed:	Date:		
Compliance and Project Manager notified:	Date:		
Finance notified:	Date:		