



Australian Skills Centre Pty Ltd t/as Austech Business Institute

ACN: 132 817 997 | ABN 95 132 817 997

RTO Provider Code: 91744 | CRICOS Provider Code: 03249F

Suite 1, Level 1 70 – 76 Princes Highway, Arncliffe, NSW 2205, Australia

Tel: (02) 9599 7000 | E-mail: info@ausbizi.edu.au

www.ausbizi.nsw.edu.au

Notice of Course Withdrawal

Course Withdrawal Conditions In the event you intend to transfer your study to another provider or terminate your course. One month's notice in writing is required before the commencement date of the next term. If less than one month notice is given, the student or an agent or parents have the obligation to pay the following term's fees according to the installment indicates on the offer letter

In Person - Please complete this form and consult with the Director of Studies to get Approval for your Withdrawal Application
FOR ADMINISTRATION PURPOSES ONLY
 Forward this form with the Attachments to the Admin Manager.

<input type="checkbox"/> Letter (Attach the letter to Withdrawal Form)	<input type="checkbox"/> Telephone (Attach the message to Withdrawal Form)
<input type="checkbox"/> Email (Attach printout of the email to Withdrawal Form)	<input type="checkbox"/> Fax (Attach a copy of the fax to Withdrawal Form)

To be completed by the DOS and/or Student

Student Last Name:		Student First Name:	
Date of Birth		Student ID:	
Course :			
Start Date of Course		Finish Date of Course	
Student Type:	<input type="checkbox"/> Fee for Service	<input type="checkbox"/> International ¹	
Reason Given and Comments:	(Attach further details if this is insufficient space)		
Date of Withdrawal:		Student Signature (Only required if notice given in person):	
Reason Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved By Principal/CEO:	

Once the above is completed, forward Form to the Administration Office

Date Student Last Attended a Class: _____

Final Fee Notice Issued:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Entered on PRISMS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered:	_____
Letter from New Provider Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New eCoE		Admin Signature:	_____

¹ Once form has been lodged the Registrar must update students PRISMS record within seven days.



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Forward Approved Form to Administration Office

Documents issued: <input type="checkbox"/> Certificate of Attendance (Date issued _____) <input type="checkbox"/> Statement of Attainment for withdrawal of course (Date issued _____) <input type="checkbox"/> Release Form for withdrawing from a Course and Changing Providers			
Withdrawal Entered on SMS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Entered By:	Date:

Completed form with all of the attachments must be submitted to the Principal/CEO for Final Approval.