



Registered Training Organisation: 45445

CRICOS Provider: 03728B

### DOMESTIC WITHDRAWAL FORM

|             |         |             |                              |
|-------------|---------|-------------|------------------------------|
| Policy code | DWF-001 | Version 2.3 | Effective date: January 2021 |
|-------------|---------|-------------|------------------------------|

This form is to be used when formally withdrawing from a course of study when you do not intend to return to study. If you are withdrawing from a course and have paid for subjects / units of study that you are yet to complete, you will also need to complete an Add, Drop, Swap Form. Refer to the Fees Policy to see if you are eligible for a refund of fees paid.

| PERSONAL DETAILS   |  |   |
|--|--|---|
| Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other |  | Date of Birth:                                      |
| First Name:  |  | Family Name:  |
| Address:   |  | State: <span style="float: right;">Postcode:</span> |
| Email:   |  | Phone number:                                       |
| College Location:  |  |   |

#### REASONS FOR WITHDRAWAL

Please take the time to list your reasons for withdrawal. Your feedback is important to us.

- Attending a different situation
- Family illness
- Felt unwelcome
- Financial
- Lack of preparation/not coping
- Not what I expected
- Personal illness
- Personal problems/ reasons
- Poor reputation
- Residential
- Travel/break from study
- Work related reasons
- Other (please specify)

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# DOMESTIC WITHDRAWAL FORM

Policy code DWF-001 Version 2.3 Effective date: January 2021

## Course Details

*(I wish to withdraw from the following course)*

Course title:

Expected year of completion:

Please provide any feedback that you would like to provide regarding your experience

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Student Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**PRIVACY:** For details of St Basil's RTO practices regarding student information privacy, see policies and procedures.

### OFFICE USE ONLY:

Date Processed in file maker: \_\_\_/\_\_\_/\_\_\_

Office of Student Record Advised: \_\_\_\_\_

Staff Member's Name: \_\_\_\_\_

Signature: \_\_\_\_\_