

Termination/Withdrawal from Enrolment Form

Australian College of Technical Studies

Student Personal Details	
Family Name	
Given Name	
Date of Birth	
Email ID	
Phone Number	
Postal Address	

Course Details	
Course Name	
National Course Code	
Campus Location	
Trainer /Coordinator	
Phone Number	

Type of Request

Please select the applicable option

Student withdrawal (Initiated by Student)	<input type="checkbox"/>
Termination of enrolment (initiated by RTO)	<input type="checkbox"/> If termination is initiated by the RTO, please specify reason: <input type="checkbox"/> Unsatisfactory Course Progress <input type="checkbox"/> Non-payment of Fees <input type="checkbox"/> Student Misconduct / Breach of Code of Conduct <input type="checkbox"/> Failure to Maintain Attendance (if applicable) <input type="checkbox"/> Other (please specify): _____

Withdrawal / Termination Details

Proposed Withdrawals/ Termination Date	
Last Date of Attendance	
Units of Competency Completed	
Units of Competency in progress	

Reason for Withdrawal (Student to Complete if Applicable)

Please explain the reason for your withdrawal request.

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Supporting Evidence

Please attach any documents that support your appeal.

- Employment letter
- Medical Certificate

- Email Correspondence
- Visa Documentation (if applicable)
- Other Supporting Documents

List attached documents:

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Student / Appellant Declaration

I understand that withdrawing or being terminated from my course may affect my academic progress and any applicable visa conditions. I confirm that the information provided is true and correct

Name: _____

Signature: _____

Date: ____ / ____ / ____

RTO Internal Review (internal Use Only)	
Fees Reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refund eligibility assessed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Academic record updated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Management system updated	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

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Outcome of Appeal

- Withdrawal Approved
- Withdrawal Not Approved
- Enrolment Terminated by RTO

Effective Date: ____ / ____ / ____

Approval

Role	Name	Signature	Date
Student Administration			
Compliance Manager / CEO Delegate			

Student Notification

- Student notified in writing of the outcome
- Refund outcome communicated (if applicable)
- Academic records updated

Notification Date: ____ / ____ / ____