

Withdrawal from Course and Cancellation of CoE Form

Relevant Standards SRTO 2015: 1.7, 5.2 The National Code 2018: Standards 2.1.8, 9	Linked Documents Course Completion within Expected Duration Policy Students Complaints and Appeals Policy Course Progress Interview Form
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Student to complete the following sections:

Student ID	
Student Name	
Current Address	
Course	

Date of Withdrawal							
Reason(s) for Withdrawal <i>(Please provide as much details as possible)</i> Note: Relevant evidence is required <i>(Attach any supporting documents with this form to support your application)</i>							
Moving to Another RTO/Institute/Uni	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%; text-align: center;">Yes</td> <td style="padding-left: 10px;"><i>Provide a copy of your "LETTER OF OFFER" from new provider</i></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">No</td> <td style="padding-left: 10px;"><i>Provide documentary evidence of the reason(s) stated above</i></td> </tr> </table>	<input type="checkbox"/>	Yes	<i>Provide a copy of your "LETTER OF OFFER" from new provider</i>	<input type="checkbox"/>	No	<i>Provide documentary evidence of the reason(s) stated above</i>
<input type="checkbox"/>	Yes	<i>Provide a copy of your "LETTER OF OFFER" from new provider</i>					
<input type="checkbox"/>	No	<i>Provide documentary evidence of the reason(s) stated above</i>					
Student Signature							
Date							

ADMIN use only

Mandatory Checklist	<input type="checkbox"/> Completed six (6) months at ALTEC College	<input type="checkbox"/> All the fees have been paid
	<input type="checkbox"/> Copy of Letter of Offer is received	<input type="checkbox"/> No pending disciplinary issues
Decision	<input type="checkbox"/> Withdraw Granted	<input type="checkbox"/> Withdraw Not Granted
Approved by	Academic Manager	Date:
	CEO	Date:
Comments, if any		
Follow-up, if any	Notification of Cancellation of CoE	Cancellation Date :

