

Application to Withdraw

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Student ID:	Student Name:
Phone:	Email:
Course Name:	
Address:	

Student Withdrawal Request

I (Print Name) _____ Student Number _____

I am enrolled at Melbourne Metro College and wish to apply to withdraw my studies in my course(s) stated below (List all

courses you wish to withdraw from):



**MELBOURNE
Metro College**
Learn. Grow. Become | RTO NO: 52791, CRICOS Code: 03831C

I commenced my studies / was scheduled to commence my studies on _____ and my last day

of actual attendance is _____

Student Reason for Withdrawal (Please detail your reason(s) for wishing to withdraw from your course(s) and attach any supporting documentation to support your request. Attach additional sheets if necessary)

By signing this document, you are indicating that you are aware of Melbourne Metro College's Student Deferment, Suspension and Cancellation Policy, Student Refund Policy and terms and conditions stipulated in your Offer Letter and Student Acceptance Agreement.

I (Print Name) _____ declare that all information and supporting documentation

provided by me is true and correct. I understand that providing false information to Melbourne Metro College

may result in termination of my enrolment and/or entitlements.

Student Signature: _____ Date: _____

Please note: If you are on a student visa and your cancellation request is approved, government legislation requires Melbourne Metro College to inform the Department of Home Affairs of the cancellation. This may affect your student visa.

Office use only

Student Services / Admissions Department	Comments:		
	Name:	Signature:	Date:
Accounts Department	Tuition Fees Clear: Yes / No Admin Fees Clear: Yes / No		
	Comments:		
Action Taken By	Name:	Signature:	Date:
	Position:		



Application

APPROVED

NOT APPROVED

Comments:

