



National Provider No **45067**

Course WITHDRAWAL FORM

ABN 25 610 597 334

Unit 2 102 South Street, Granville NSW 2142

info.australiancollege@gmail.com

To be completed by the student and returned to Australian College of Business Skills.

If you have changed your mind and wish to enrol in a different course, please complete this course withdrawal form and complete a new enrolment form.

PERSONAL DETAILS			
Given Name:		Surname:	
Date of Birth:			
Address:		Suburb/Town:	State: Post Code:
Home Phone:		Mobile:	

COURSE DETAILS	
Course name:	
Course start date::	

WITHDRAWAL DETAILS	
Please tick your request, complete withdrawal reason and sign below.	
Withdrawal from course (please state name of course)	
Withdrawal reason (Please provide a brief reason for withdrawal):	
.....	
.....	
.....	

STUDENT SIGNATURE	
Student Signature:	Date:

OFFICE USE ONLY	
Date received.....	
Withdrawal approved by Date	