



# Course Withdrawal/defer/amendment Form

## Section 1 – Client Details

<b>Name:</b>			
<b>Contact Tel:</b>		<b>Mobile:</b>	
<b>Email:</b>			
<b>Qualification / Course:</b>		<b>Course Date:</b>	/ /

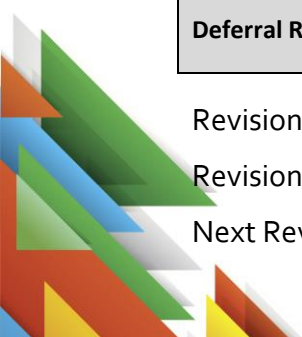
## Section 2 – Change Details

<input type="checkbox"/> <b>I wish to withdraw from this course.</b> I understand I need to abide by the Refunds Policy.			
<b>Withdrawal Date:</b>	/ /		
<b>Withdrawal Reason:</b>			
<b>Signature</b>		<b>Date:</b>	/ /
<input type="checkbox"/> <b>I wish to Transfer to another course date.</b> I understand my transfer will be subject to course availability.			
<b>Transfer to Date:</b>	/ / or / /		
<b>Transfer Reason:</b>			
<b>Signature</b>		<b>Date:</b>	/ /
<input type="checkbox"/> <b>I wish to Transfer to another Delivery Mode.</b> I understand there may be further fees involved.			
<b>Transfer Date:</b>	/ /		
<b>Transfer Reason:</b>		<b>New Delivery Mode:</b>	<input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Online
<b>Signature</b>		<b>Date:</b>	/ /
<input type="checkbox"/> <b>I wish to Defer my enrolment in this course.</b> I understand that my enrolment has an expiry date.			
<b>Defer to Date:</b>	/ /		
<b>Deferral Reason:</b>			

Revision: 1.0

Revision Date: 22 Feb 2018

Next Review: 03 Mar 2019





# Course Withdrawal/defer/amendment Form

<b>Signature</b>		<b>Date:</b>	/ /
------------------	--	--------------	-----

## Section 3 – Authorisation

Requested Change has been approved?     Yes     No

<b>Signature:</b>		<b>Position:</b>	
-------------------	--	------------------	--

<b>Print Name:</b>		<b>Date Processed:</b>	
--------------------	--	------------------------	--

## Admin Use Only

<b>Changed in SMS:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	/ /
------------------------	------------------------------	-----------------------------	--------------	-----

<b>Logged By:</b>		<b>Signature:</b>	
-------------------	--	-------------------	--

<b>Formal Letter/Email Sent:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	/ /
----------------------------------	------------------------------	-----------------------------	--------------	-----

<b>Sent By:</b>		<b>Signature:</b>	
-----------------	--	-------------------	--

