



WITHDRAWAL FORM

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

Title: Mr/Ms/Miss/Mrs		Student Name:	
Student Number:		Phone:	
Course Title:		Email:	
Group:		Date:	

STUDENT WITHDRAWAL REQUEST

I (Print Name) _____ Student Number _____ am enrolled at Opera City English College and wish to apply to withdraw from my studies in the course(s) listed below (List all courses you wish to withdraw from):

I commenced my studies / was scheduled to commence my studies on _____ and have completed approximately _____ hours / weeks of study in my course.

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 OPERA CITY ENGLISH COLLEGE 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 Opera City English 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 Opera City English College to inform the Department of Home Affairs (DHA) of the cancellation. This may affect your student visa.

OFFICE USE ONLY

Application Received By	Name:	Signature:	Date:
Application Approved or Rejected:		<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Action Taken By	Name:	Signature:	Date:
Staff Comments:			