



ANDERSON College
Address: Level 6, 190 Queen Street
Melbourne, VIC 3000
Contact: (+61) 411 333 327
www.andersoncollege.vic.edu.au

Withdrawal Form

Title:	☐ Mr	☐ Mrs	☐ Ms	☐ Miss	☐ Other
Student Full Name:					
Student ID:					
Date of Birth:					
Address:					
Contact Number:					
Email:					
Current studying course code and name:					
Current course start date:		Current course finish date:			

Courses enrolled in:

Course	COE start date	COE end date
CHC33021 (115187F) Certificate III in Individual Support		
CHC43121 (115188E) Certificate IV in Disability Support		
CHC52021 (115189D) Diploma of Community Services		
BSB80120 (115190M) Graduate Diploma of Management (Learning)		

Document Name:	Withdrawal Form	Created Date:	Jan 24
Version No:	V1.1	Last Modified Date:	May 24
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Reason for this request:

- ☐ You have applied to study at another CRICOS registered provider
(please attach a copy of Letter of Offer)
- ☐ You have been granted a new visa (please attach a copy of your new visa)
- ☐ You have compassionate or compelling reasons to discontinue the above course
(please attach evidence)
- ☐ Visa refusal (please attached copy of your visa refusal)
- ☐ You have compassionate or compelling reasons to discontinue the above course
(please attach evidence)
- ☐ Financial circumstance
- ☐ Medical circumstance
- ☐ Other, please specify: _____

Documents Attached:

- ☐ Medical Certificate
- ☐ Travel Documents
- ☐ Supporting Certificates/Reports
- ☐ Letter of Offer
- ☐ New Visa grant
- ☐ Visa Refusal
- ☐ Other, please specify: _____

Release Required? ☐ Yes ☐ No

*If release is required, please read and fill in the Release Letter Request Form.

- ☐ I understand that enrolment cancellation may affect my student's visa and I need to seek advice from the Department of Home Affairs (DHA) Affairs on the potential impact on my student visa.
- ☐ I have been advised of all the relevant consequences of the outcome of my request.
- ☐ I have been advised of all the relevant information in relation to the request made on this form.
- ☐ I am aware of my right to appeal.

Once your withdrawal has been processed, you will be issued with a statement of attainment for any competencies you have achieved. This statement cannot be provided until all outstanding fees have been paid.

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Date:		Signature:	
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Office Use Only

CEO/Authorised Person Approval – Authorised person to check each section above and initial if approved.

Admin/Finance: ☐ Received all supporting document/s ☐ Qualification + Record of Results issued ☐ Qualification + Record of Results N/A ☐ All fees paid	Withdrawal:		
	☐ Approved		☐ Not approved
	Release:		
	☐ Approved		☐ Not approved
	Signed		Date