WITHDRAWAL FORM

1. Course Details

Course Name	CRICOS Course Code

2. Student Details

Student Number:		Date of Birth: (DD/MM/YYYY)	
		___/___/___	
Given Name:		**Family Name:**	
Current Address:			
Current Contact Details:			
Home:		**Mobile:**	
Email Address:			

3. Reason(s) for Discontinuation

Possible Reason(s) for Discontinuation	Yes I No I NIA
1. Completed course early	
2. Transferred to another Provider. • Student to attach new offer letter/e-CoE issued by the new Provider	
3. Notice of cessation due to approval of permanent residency • Student to attach a copy of visa approval letter issued by the DHA.	
4. Leaving Australia permanently. • Student to attach e-ticket for the one-way flight	
5. Other- Please list the reasons below and attached supporting evidence.	

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4. Student Declaration

By signing below, I_____ confirm that:

(Student Name)

1. I confirm that I have been fully informed of the Course Transfer Policy and Procedure and the Deferral, Suspension and Cancellation of Enrolment Policy and Procedure. I understand and agree to comply with the conditions outlined in these policies, as applicable.
2. I acknowledge that any discontinuation, deferral, suspension, or cancellation of my enrolment may be reported to the Department of Home Affairs (DHA) and the Department of Education (DoE), and that this may impact my student visa.
3. I acknowledge that I have been informed of, and understand, the potential consequences of discontinuing my studies.
4. I understand that I am responsible for contacting the Department of Home Affairs (DHA) for any enquiries relating to my visa status or conditions.
5. I acknowledge that the outcome of this application will be provided to me in writing within ten (10) working days of receipt of complete application.
6. I understand that if this application is refused, I will be provided with written reasons for the decision and information regarding my right to access the complaints and appeals process, in accordance with the Complaints and Appeals Policy and Procedure.
7. There is no cost associated with this application. Where applicable, Project Controls Institute, Australia will refund any course fees paid in accordance with the Fees and Refunds Policy and Procedure.
8. I confirm that I have attached sufficient and appropriate supporting evidence to substantiate this application, where required.

Student Name:	
Student Signature:	
Date:	____/____/____

Project Controls Institute, AUSTRALIA

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OFFICE USE ONLY	
Attached evidence (if required) has been verified (Yes I NO I N/A)	
Name of the staff member who verified the provided evidence:	
The student has been counseled in relation to discontinuing their studies (Yes I No):	
Name of staff member who counselled the student:	
Updated aXcelerate course status for the current and future enrolments (Yes I No):	
Name of staff member who updated aXcelerate:	
Updated SCV in PRISMS (Yes I No):	
Name of staff member who updated PRISMS:	
Date:	___/___/_____