

Course Withdrawal/Defer/Amendment Form

Section 1 – Client Details

Name:			
Contact Tel:		Mobile:	
Email:			
Qualification / Course:		Course Date:	/ /

Section 2 – Change Details

Option A: I wish to withdraw from this course. I understand I need to abide by the Refunds Policy.

Withdrawal Date:	/ /
Withdrawal Reason:	
Signature	Date: / /

Option B: I wish to Transfer to another course date. I understand my transfer will be subject to course availability.

Transfer to Date:	/ / or / /
Transfer Reason:	
Signature	Date: / /

Option C: I wish to Transfer to another Delivery Mode. I understand there may be further fees involved.

Transfer Date:	/ /						
Transfer Reason:	<table border="0"> <tr> <td>New Delivery Mode:</td> <td><input type="checkbox"/> Classroom</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Correspondence</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Online</td> </tr> </table>	New Delivery Mode:	<input type="checkbox"/> Classroom		<input type="checkbox"/> Correspondence		<input type="checkbox"/> Online
New Delivery Mode:	<input type="checkbox"/> Classroom						
	<input type="checkbox"/> Correspondence						
	<input type="checkbox"/> Online						
Signature	Date: / /						

Option D: I wish to Defer my enrolment in this course. I understand that my enrolment has an expiry date.

Defer to Date:	/ /
Deferral Reason:	
Signature	Date: / /

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Section 3 – Authorisation

Requested Change has been approved? Yes No

Signature:

Position:

Print Name:

Date Processed:

Admin Use Only

Recorded in Student File:

Yes

No

Date:

/ /

Logged By:

Signature:

Statement of Attainment
Sent to Student:

Yes

No

Date:

/ /

Sent By:

Signature:

Refund Request Sent to CEO
for approval and recorded
on refund register. (if
applicable)

Yes

No

Date:

/ /

Logged By:

Signature: