

HE-EDF38 REQUEST FOR WITHDRAWAL FORM

Abbreviations:

AHE	Apex Australia Higher Education
CoE / eCoE	Confirmation of Enrolment / electronic Confirmation of Enrolment
DoE	Department of Education
DHA	Department of Home Affairs
PRISMS	Provider Registration and International Student Management System

A: Course Details

Course Name	CRICOS Course Code	Tick your Current Course	Expected Last Day of Study
Bachelor of Business	108145H		
Bachelor of Information Systems	114079G		
Master of Information Systems	114939A		

B: Enrolment Status

Enrolment	Please tick the status which reflects your situation.
I have commenced my course	
I have not commenced my course	

C: Student Details

Student Number:		Date of Birth: (dd/mm/yyyy)	
		___/___/___	
Given Name:		Family Name:	
Current Address:			
Current Contact Details:			
Home:		Mobile:	
Email Address:			

C: Reason/s for Withdrawal:

Possible Reason/s for Discontinuation	Tick which applies
1. Completed course early.	
2. Transferred to other Higher Education Provider. <ul style="list-style-type: none"> Student to attach new offer letter/e-CoE issued by the new Provider. 	
3. Notice of cessation due to approval of a visa other than a student visa. <ul style="list-style-type: none"> Student to attach a copy of visa approval letter issued by the DHA. 	
4. Leaving Australia permanently. <ul style="list-style-type: none"> Student to attach e-ticket for the one way flight. 	
5. Other – Please list the reason below and attached supporting evidence.	

D: Student Declaration

By signing below, I _____, confirm that:

(Student Name)

- I have been fully informed by the Registrar of the **HE-BP12 International Students Deferral, Suspension & Cancellation Policy and Procedure**. I understand and agree to the conditions of this policy and procedure as relevant.
- I am fully aware that any course withdrawals will be communicated to the Department of Home Affairs (DHA) and the Department of Education (DoE) and how it may affect my student visa.
- I am also aware of the consequences of withdrawing from my studies.
- I am fully aware that I must contact the DHA for enquiries relating to my visa.
- The outcome of this application will be provided in writing within ten (10) working days of receipt of application.

6. If this application is refused, the reasons for this will be communicated to me including my right to access the complaints and appeals process as outlined in the **HE-BPR04 Student Grievance, Complaint and Appeal Policy and Procedure**.
7. There may be a cost for this application. AHE will refund any paid AHE course fees, where applicable, in accordance with the **HE-BP11 International Students Fees Refund Policy and Procedure**.
8. I have attached sufficient and appropriate evidence to support my application (if required).

Student Name:	
Student Signature:	
Date:	___/___/___

OFFICE USE ONLY				
Attached evidence (if required) has been verified (please circle):		Yes	No	N/A
Name of the staff member who verified the provided evidence:				
Has the student had a 1:1 counselling meeting (please circle):		Yes	No	
Name of the staff member who met with the student:				
The Student Management System concerning course status for the current and future enrolments has been updated:		Yes	No	
Name of staff member who updated the Student Management System:				
PRISMS has been updated:		Yes	No	
Name of staff member who updated PRISMS:				
Additional Comments:				
Date:	___/___/___			