

## **Application to Withdraw**

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

Student ID:	Student Name:	
Phone:	Email:	
Course Name:		
Address:		
Student Withdrawal Request		
I (Print Name)	Student Number	
I am enrolled at Melbourne Metro College and wish to apply to withdraw my studies in my course(s) stated below (List all		
courses you wish to withdraw from):		
MELBOURNE		
Metro College		
	Bearin Grow Become Good State Control of the Contro	
I commenced my studies / was scheduled to commence my studies on and my last day		
of actual attendance is		
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)		



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By signing this document, you are indicating that you are aware of Melbourne Metro College's 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) documentation		declare that all informat	ion and supporting		
provided by me is true and correct. I understand that providing false information to Melbourne Metro 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 Melbourne Metro College to inform the Department of Home Affairs of the cancellation. This may affect your student visa.					
Office use only					
Student Services / Admissions	Comments:				
Department	Name:	Signature:	Date:		
	Tuition Fees Clear: Yes / No Admin Fees Clear: Yes / No				
Accounts Department	Comments:				
-	Name:	Signature:	Date:		

Signature:

Date:

Name:

**Position:** 

**Action Taken By** 





Level 5, 440 Elizabeth Street, Melbourne VIC 3000 T: 03 99997401

Application	APPROVED	NOT APPROVED
Comments:		

