

STUDENT WITHDRAWAL REQUEST FORM



This form is to be completed by students who are applying to withdraw from a course or unit(s) of competencies. Please refer to Fees, Withdrawal and refund Policy on the Set2Go on the bench in the training room or on the website before completing this form.

Personal Details

Family Name _____ Given Name(s) _____

Address _____

Phone _____ Student Number _____

Course Enrolled _____

Commencement date _____

Reason for Withdrawal

Student Declaration

- I declare that I wish to withdraw from the course/unit(s) of competency which I am enrolled in with Sapere Education & Training
- I have discussed my options with a representative of the Institute
- I am aware of potential financial and academic penalties with withdrawing from my course
- I declare that the information I have supplied on this form is true and correct.

Student signature _____ Date _____