



## COURSE WITHDRAWAL APPLICATION

Date: \_\_\_\_\_

<b>Student Details:</b>	
Student ID (If issued): _____	Date of Birth: _____
Family Name: _____	Given Names: _____
Mobile Number: _____	Email: _____
<b>COURSE DETAILS</b>	
Course Name: _____	
Start Date: _____	End Date: _____
Effective from Date: _____	Term: _____

I AM APPLYING FOR A COURSE WITHDRAWAL ON ACCOUNT OF (PLEASE INDICATE THE MAIN REASON):

- FINANCIAL REASONS
- ACADEMIC DIFFICULTY
- FINANCIAL REASONS
- HEALTH REASONS
- PERSONAL/FAMILY REASONS
- QUALITY OF TEACHING
- HIGHER PREFERENCE FOR ANOTHER INSTITUTION
- OTHER (PLEASE SPECIFY)

Detailed Reason: \_\_\_\_\_

I am aware that the approval of this application means that I cease to be a student at Alice Springs College of Australia. I understand that this is not a release.

I, \_\_\_\_\_ have read Alice Springs College of Australia (ASCA)'s Fee Refund Policy. I agree to the terms and conditions mentioned in the policy.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **OFFICE USE ONLY:**

Approved Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Signature: \_\_\_\_\_