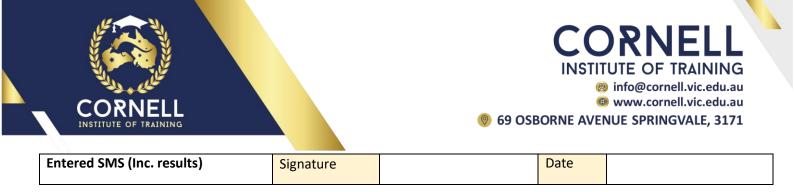


CORNELL INSTITUTE OF TRAINING info@cornell.vic.edu.au www.cornell.vic.edu.au 69 OSBORNE AVENUE SPRINGVALE, 3171

Application for withdrawal from a course

Student's Personal Detail	s:						
Full Name:							
Student ID:		Last date	of study				
Course code and Name:							
Address:							
Email:		Mobile:					
Please tick the reason for	request:						
Work Commitments	Financial Circumstance	ces					
□Medical Grounds	Insufficient study resources and facilities						
□ Staff quality inadequate□	Transferred to another cour	rse within CIT					
□Transferred to another pro	vider (provide admission do	ocuments) 🗆 Medical re	asons				
□ Other							
Please approach the finance	e department for approval	on this application pri	or to final subn	nission.			
(Note: No withdrawal will b	e approved unless all outst	anding fees are paid.)					
International students must to report the withdrawal and				te of Training. CIT is obliged			
All supporting documents sh	ould be attached to this for	m. Please refer to the	Refund Policy f	or any applicable refunds.			
Additional Comments							
Student Declaration							
I have been informed and informed to contact DHA for		ing from this course	might affect m	y Visa status. I have been			
Student Signature: Da				e:			
Office use Only:							
Request received	Signature		Date				
Finance Approval	Signature		Date				
Request processed	Signature		Date				
Request granted		Request denied					
Entered PRISMS	Signature		Date				
L							

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Reason Request Denied							