

Withdrawal Form (International Students)

Application Details

This form is to be completed by international students who wish to withdraw from their course of study. Cancellation of Studies will be granted in accordance with our *Deferral, Suspension and Cancellation Policy*. Further information can be found in the International Student Handbook.

Your visa may be affected by your application to withdraw so you should contact the Department of Home Affairs (DHA) on 131 881 to discuss.

Student Name: Student ID: Date of Birth: Course(s) Enrolled: Postal Address: Email Address: I wish to withdraw from the course(s) I am enrolled in with SHIC. I wish to withdraw for the following reason: Have your contact details changed since you last advised us of them? Yes No If yes, please provide below. Home Address: Suburb: Tel (Home): Tel (Home): Mobile: Student Signature: Name: Date:										
Course(s) Enrolled: Postal Address: Email Address: Phone: I wish to withdraw from the course(s) I am enrolled in with SHIC. I wish to withdraw for the following reason: Have your contact details changed since you last advised us of them? Yes No If yes, please provide below. Home Address: Suburb: Tel (Home): Tel (Work): Mobile: Student Signature: Name:	Student Name:									
Postal Address: Email Address: I wish to withdraw from the course(s) I am enrolled in with SHIC. I wish to withdraw for the following reason: Have your contact details changed since you last advised us of them? Yes No If yes, please provide below. Home Address: Suburb: Tel (Work): Tel (Work): Mobile: Student Signature: Name:	Student ID:				Date of Birth:					
Email Address: I wish to withdraw from the course(s) I am enrolled in with SHIC. I wish to withdraw for the following reason: Have your contact details changed since you last advised us of them? Yes No If yes, please provide below. Home Address: Suburb: Tel (Work): Tel (Home): Mobile: Student Signature: Name:	Course(s) Enrolled:									
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Have your contact details changed since you last advised us of them?	Email Address:						Phone:			
Home Address: Suburb: Postcode: Tel (Home): Tel (Work): Mobile: Email: Student Signature: Name:	I wish to withdraw	from the co	urse(s) I am	n enrolled i	n with SH	IIC. I wish to wi	thdraw fo	the following	reason:	
Home Address: Suburb: Postcode: Tel (Home): Tel (Work): Mobile: Email: Student Signature: Name:										
Home Address: Suburb: Postcode: Tel (Home): Tel (Work): Mobile: Email: Student Signature: Name:										
Home Address: Suburb: Postcode: Tel (Home): Tel (Work): Mobile: Email: Student Signature: Name:										
Home Address: Suburb: Postcode: Tel (Home): Tel (Work): Mobile: Email: Student Signature: Name:										
Suburb: Postcode: Tel (Home): Tel (Work): Mobile: Email: Student Signature: Name:	Have your contact	details cha	nged since y	you last ad	dvised us	of them?	Yes 🔲	No If yes, ple	ease provide be	elow.
Tel (Home): Mobile: Email: Student Signature: Name:	Home Address:									
Mobile: Email: Student Signature: Name:	Suburb:							Postcode:		
Student Signature: Name:	Tel (Home):					Tel (Work):				
Signature: Name:	Mobile:					Email:				
Name:	Student									
	Signature:									
Date:	Name:									
	Date:									

Please forward this completed form to our office. Upon receipt of this form, you will be withdrawn.

Once your withdrawal has been processed, you will be issued with a statement of attainment for any competencies you have achieved. This statement cannot be provided until all outstanding fees have been paid.

If competencies have not been attained, no further notification of withdrawal will be provided by SHIC unless specifically requested.

If you wish to apply for a refund or for consideration of a reduction in outstanding fees, an application must be made in writing to our office using the Refund Application Form. Please refer to our Fees and Refund Policy for complete details.



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Administration Only											
Date of Withdrawal Application receipt:											
Application received by:											
If applicable- relevant supporting documents attached: Yes No N/A											
Accounts											
Has the application been approved by the Accounts Department? Yes No											
Accounts Officer:											
Date of approval:											
Signature:											
Records											
Has the application been a	pproved by the Records Man	nager?	Yes		No						
Admin Manager:			•		•						
Date of approval:											
Signature:											
Admin Approval											
Has the application been a	pproved by the Admin Manaç	ger?	Yes		No						
Has the release letter appli Manager?	cation been approved by the	Admin	Yes		No						
Admin Manager:					<u> </u>						
Date of approval:											
Signature:											
Application administrative to	asks processed by:				Date:						
Application outcome updated on Wisenet by: Date:											
Comments:											
Comments.											