

Course Withdrawal/defer/amendment Form

Section 1 – Client Details

Name:		Staff submitting this form	
Contact Tel:		Mobile:	
Email:			
Qualification / Course:		Course Date:	/ /

Section 2 – Change Details

<input type="checkbox"/> I wish to withdraw from this course. I understand I need to abide by the Refunds Policy.			
Withdrawal Date:	/ /		
Withdrawal Reason:			
Signature		Date:	/ /
<input type="checkbox"/> I wish to Transfer to another course date. I understand my transfer will be subject to course availability.			
Transfer to Date:	/ / or / /		
Transfer Reason:			
Signature		Date:	/ /
<input type="checkbox"/> I wish to Transfer to another Delivery Mode. I understand there may be further fees involved.			
Transfer Date:	/ /		
Transfer Reason:		New Delivery Mode:	<input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Online
Signature		Date:	/ /
<input type="checkbox"/> I wish to Defer my enrolment in this course. I understand that my enrolment has an expiry date.			
Defer to Date:	/ /		
Deferral Reason:			
Signature		Date:	/ /
<input type="checkbox"/> I wish to (document what you wish to change).			
Effective:	/ /		
Reason:			
Signature		Date:	/ /

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Section 3 – Authorisation

Requested Change has been approved? Yes No

Signature:		Position:	
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Print Name:		Date Processed:	
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Admin Use Only

Changed in SMS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
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Logged By:		Signature:	
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