

COURSE WITHDRAWAL FORM

RTO No: 45065
P: (02) 9310-4077
A: Shop 30a, 23 Norton Street, Leichhardt NSW 2040



First Name		
Surname		
Student ID		
Course Code	Course Title	
Date Commenced		
Termination Date		
Reason for Termination (Please tick on of the following options):		
<input type="checkbox"/> Transfer between Providers		
<input type="checkbox"/> Financial Difficulties		
<input type="checkbox"/> Personal/Family reasons (including medical, travel etc)		
<input type="checkbox"/> Other _____		
I have completed a minimum of six (6) months of my principal course Yes <input type="checkbox"/> No <input type="checkbox"/>		

PRIVACY STATEMENT:

The information collected on this form is purely for the purpose of assessing your request for a Course Withdrawal. MindChamps Academy collects, uses and destroys information in accordance with the Academy's Privacy Policy.

For International Students:

A "Letter of Release" will be provided in accordance with MindChamps Academy's Transfer Between Registered Providers Policy, this policy and procedure is outlined in the International Learner's Handbook and is available from the Student Support Officer or through the website. Please read this Policy carefully to establish your eligibility for a "Letter of Release". **ALL requests for a Release must be made in writing.**

The following documents must be attached to this request for "Course Withdrawal" so that your application can be considered, please tick the relevant boxes and provide the required evidence:

- Medical Certificates
- Death Certificate (translated in English)
- Evidence of a major political upheaval or natural disaster in your home country
- Evidence of a traumatic experience: Police Report, Psychologist Report, or suitably qualified Professional
- Other supporting evidence _____

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TRANSFER BETWEEN PROVIDERS

The following documents must be attached to this request for Release so that your application can be considered, please tick the relevant boxes and provide the required evidence:

- A Letter of Offer from the Registered raining Organisation Provider to which you wish to transfer or Evidence of Compassionate or Compelling Circumstances (medical reports, reports from psychologist, police or legal profession, etc.) and
- Statement of reasons why you are seeking a release, by completing the “Reason for Transfer” on the following page
- Payment of any outstanding fees has been paid

Note: Please ensure that you have completed all sections on this form, as an incomplete form cannot be processed.

THE FOLLOWING REASONS WILL NOT BE CONSIDERED

- Financial difficulties
- Clashes with work
- Travel opportunities
- Relationship breakdowns
- Timetables

DECISION PROCESS

You will be advised in writing within 14 working days of the outcome of your Request for Letter of Release. If your request is unsuccessful, you will receive a letter outlining the reasons for our decision. Please refer to the procedures in the International Learner’s Handbook for “Transfer between Registered Providers” and the “Complaints and Appeals” process, should you wish to appeal this decision.

REASON FOR COURSE WITHDRAWAL

Please outline the circumstances/reasons for seeking a release:

Do you have evidence to support the circumstances/reasons outlined above? Yes No
If yes, ensure that you provide the supporting documentation.

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DECLARATION AND SIGNATURE

I understand that:

1. This is a request for a release and the request will be considered in accordance with the Transfer between Registered Providers Policy.
2. I will be informed of the outcome of this request including the reason/s for the decision. In writing and in 14 working days
3. I have the right of appeal, in accordance with MindChamps Academy's Complaints and Appeals Policy. I also have the further right of appeal under Australia's Consumer Laws.
4. If the release is approved my current Certificate of Enrolment will be cancelled; and
5. If applicable, my entitlement to a refund will be assessed in accordance with MindChamps Academy's Refund Policy.

I DECLARE THAT:

- I have read and understand MindChamps Academy Policy and Procedure in relation to Deferring, Suspending or Cancelling Enrollment.
- I have read and understand MindChamps Academy Fees, Charges and Refund Policy.
- I have read and understand MindChamps Academy Complaints and Appeals Process.
- The information provided by me is true and complete.

Please tick the boxes above, sign the form below and return to either Reception or the Student Support Officer at MindChamps Academy.

Signature:

Printed Name:

Date:

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LODGMET OF APPLICATION

OFFICE USE ONLY Please note that all evidence of document/s must be sighted and stamped as "Original Sighted" with the correct date. Please state your name on the evidence of the documents.			
Received by:			Date: _/ _/ _
Fees:	<input type="checkbox"/> Paid	<input type="checkbox"/> Not Paid	
Outcome:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved, no Refund Request Form require	
Reason for non-approval of request (if Not Approved):			
Administrator Signature:			Date:
Action Required:	<input type="checkbox"/> Refund processed <input type="checkbox"/> AVETMISS Database updated <input type="checkbox"/> Invoice Cancelled <input type="checkbox"/> Enrolment Cancelled		