

STUDENT WITHDRAWAL FORM

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



Learner Details (please use BLACK or BLUE pen)				
First Name		Family Name		
Date of Birth (dd/mm/yy)		Learner USI		
Address				
	State		Post Code	
Study Commencement Date		Study Withdrawal Date		

I declare that:

- I have read, I understand and I accept the responsibilities and obligations for this arrangement.

I authorise that:

- MindChamps Academy to withdraw me from all studies commitments I am involved in with Mindchamps Academy, effective from the date specified by myself above.

REASON FOR WITHDRAWING (please indicate)

- | | | |
|---|--|--|
| <input type="checkbox"/> Too far behind in my studies | <input type="checkbox"/> Low assessment results | <input type="checkbox"/> Loss of interest in course |
| <input type="checkbox"/> Transfer to another course | <input type="checkbox"/> Housing difficulties | <input type="checkbox"/> Health |
| <input type="checkbox"/> Financial Reasons | <input type="checkbox"/> Transfer to another RTO | <input type="checkbox"/> Personal or family problems |
| <input type="checkbox"/> Obtained employment | <input type="checkbox"/> Lack of Support | <input type="checkbox"/> Other |

Reason/Comments:

Student's Signature		Date	
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Office Use Only			
Date of Learner Meeting		RTO Manager Signature	
Comments:			

Learner withdrawal approved Yes No

CEO'S Signature		Date	
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