



Course Withdrawal/Deferral/Amendment Form

Section 1 – Client Details			
Name:			
Contact Tel:		Mobile:	<input type="checkbox"/>
Email:	<input type="checkbox"/>		
Qualification / Course:		Course Date:	<input type="checkbox"/> / /
Section 2 – Change Details			
<input type="checkbox"/> I wish to withdraw from this course. <input type="checkbox"/> I understand I need to abide by the Refunds Policy and that an administration charge of \$150.00 is applicable for processing my request.			
Withdrawal Date:	<input type="checkbox"/> / /		
Withdrawal Reason:			
Signature		Date:	<input type="checkbox"/> / /
<input type="checkbox"/> I wish to transfer to another course . I understand my transfer will be subject to course availability.			
Transfer to Date:	<input type="checkbox"/> / / or <input type="checkbox"/> / /		
Transfer Reason:			
Signature		Date:	<input type="checkbox"/> / /
<input type="checkbox"/> I wish to transfer to another delivery mode. I understand there may be further fees involved.			
Transfer Date:	<input type="checkbox"/> / /		
Transfer Reason:		New Delivery Mode:	<input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Online
Signature		Date:	<input type="checkbox"/> / /
<input type="checkbox"/> I wish to defer my enrolment in this course. I understand that my enrollment has an expiry date. <input type="checkbox"/> I understand I need to abide by the Refunds Policy and that an administration charge of \$75.00 is applicable for processing my request.			
Defer to Date:	<input type="checkbox"/> / /		
Deferral Reason:			
Signature		Date:	<input type="checkbox"/> / /



Section 3 – Authorisation					
Requested Change has been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Signature:				Position:	
Print Name:				Date Processed:	
Admin Use Only					
Changed in SMS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	<input type="checkbox"/> / /	
Logged by:				Signature:	
Formal Letter/Email Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	<input type="checkbox"/> / /	
Sent by:				Signature:	

Document Control

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