INTERNATIONAL STUDENT WITHDRAWAL FORM

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 Department of Home Affairs (DHA). on 131881 to discuss any implications.

Student Name:		Student ID:	
Date of Withdrawal:	/ /	Course:	

I wish to withdraw from the course I am enrolled in with Centennial College. 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:		Postcode:	
Tel (Home):		Tel (Work):	
Mobile:		Email:	
ARE YOU REQUESTING FOR A RELEASE LETTER? ☐ Yes ☐ No			
Supporting document attached ☐ Yes ☐ No			
Student		**Employer/Workplace** (only required for trainees and apprentices)	
Signed:		Signed:	
Printed Name:		Printed Name:	
Date:		Date:	

DECLARATION

"I understand that my cancellation of studies will be reported to the Department of Home Affairs (DoHA). I hereby declare that all the information provided in this form is true and correct. I am also aware that the decision to cancel my enrolment may affect my Student visa. I understand that I have 28 calendar days from the date of CoE cancellation to either leave Australia, obtain new CoE, or apply for a new visa. I understand that I will forfeit my place in this course if I withdraw and will be required to apply for readmission if I wish to continue my studies at a later date. I understand I will not be entitled to a refund of fees paid to the College if this cancellation form is lodged on or after the relevant start dates. I authorise Centennial College Pty Ltd to withdraw me from all studies at the College, effective from the date specified above. If my cancellation application is rejected, then I understand that I have the option to appeal this decision within 20 working days after receiving the notification (Refer to the Colleges Complaints and Appeals Policy and Procedure)" I declare that the information I have provided is true and correct.

Student Name_____ Signature_____ 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 Upon receipt of this form, you will be withdrawn.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 Centennial College 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.

For Office Use Only

Received by_____ (Staff Name) Date_____

Outcome: Approved Refused

Comment_____