

Withdrawal from Course and Cancellation of CoE Form

Relevant Standards SRTO 2015: 1.7, 5.2 The National Code 2018: Standards 2.1.8, 9	Linked Documents Course Completion within Expected Duration Policy Students Complaints and Appeals Policy Course Progress Interview Form
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Student to complete the following sections:

Student ID	
Student Name	
Current Address	
Course	

Date of Withdrawal			
Reason(s) for Withdrawal <i>(Please provide as much details as possible)</i> Note: Relevant evidence is required <i>(Attach any supporting documents with this form to support your application)</i>			
Moving to Another RTO/Institute/Uni	<input type="checkbox"/>	Yes	<i>Provide a copy of your "LETTER OF OFFER" from new provider</i>
	<input type="checkbox"/>	No	<i>Provide documentary evidence of the reason(s) stated above</i>
Student Signature			
Date			

ADMIN use only

Mandatory Checklist	<input type="checkbox"/>	Completed six (6) months at STATES College	<input type="checkbox"/>	All the fees have been paid
	<input type="checkbox"/>	Copy of Letter of Offer is received	<input type="checkbox"/>	No pending disciplinary issues
Decision	<input type="checkbox"/>	Withdraw Granted	<input type="checkbox"/>	Withdraw Not Granted
Approved by	Academic Manager		Date:	
	CEO		Date:	
Comments, if any				
Follow-up, if any	Notification of Cancellation of CoE	Cancellation Date:		