Withdrawal from Course Form

CONFIDENTIAL

This Form will be assessed by the Campus Officer, or a Delegate appointed by the Campus Officer.

____________________________________  __________________
Student Name  Student Number

____________________________________
Course  Current Date

Reason for needing to Withdraw from your Course:

Tick the reason for why you need to withdraw from your Course.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Evidence (Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I cannot pay my school fees”</td>
<td>Bank Statement Evidence</td>
</tr>
<tr>
<td>“A relative or friend of mine has been very sick, and I had to take care of them. This will stop me attending classes, so I have to withdraw.”</td>
<td>Medical certificate of the relative or friend, plus any supporting evidence requested by the Campus Officer, i.e. proof of relationship with the person, etc.</td>
</tr>
<tr>
<td>“A friend or relative of mine died recently, and I will be returning home so I have to withdraw.”</td>
<td>Death certificate of the relative or friend, plus any supporting evidence requested by the Attendance Officer, i.e. proof of relationship with the person, etc.</td>
</tr>
<tr>
<td>“I’ve had personal problems stopping me from completing my course requirements.”</td>
<td>Written proof of this problem, either from the Counsellor or an equivalent professional.</td>
</tr>
<tr>
<td>“I have a reason for needing to Withdraw that is not covered on this form.”</td>
<td>Any and all supporting documents requested by the Campus Officer.</td>
</tr>
</tbody>
</table>

Written Explanation for Withdrawal:

If necessary, write below more information about why you are withdrawing.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

All reasons given for my withdrawal from class are accurate and true.

____________________________________
Student Signature

To be filled out by the Campus Officer or Delegate:

The student’s application is:
☐ Acceptable
☐ Unacceptable

____________________________________  ________________
Campus Officer’s or Delegate’s Name  Campus Officer’s or Delegate’s Signature

___________
Date