



Park Orchards  
Community House  
& Learning Centre

## STUDENT WITHDRAWAL FROM COURSE

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone no: \_\_\_\_\_ Email: \_\_\_\_\_

Course Name: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Reason(s) for Withdrawing:

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Progress to Date (units completed):

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Note – We require your authority to progress your withdrawal. We anticipate you will complete this form. However, if you do not respond we will use this advice as evidence that we attempted to contact you to formalise your withdrawal from the course.

Would you like a representative of Park Orchards Community House & Learning Centre Inc. to contact you about your withdrawal from this course?

Yes

No, I do not want to provide any (or further) information.

I have / have not provided a medical certificate which indicates my incapacity to undertake the course

I am / am not seeking a pro rata refund for the remainder of the course.

### ***Government funded training students only***

Withdrawal may affect future training options and eligibility for further Victorian government subsidised training.

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

### **Office Use Only**

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_