

ADVICE OF WITHDRAWAL

Office Use Only Date Received ____/____/____ Received by _____
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Use this form if you wish to **WITHDRAW FROM YOUR COURSE** at CHC (cease your enrolment completely). This includes Overseas students who are seeking to transfer to another registered provider.

See the table below for the forms to use for other actions associated with your enrolment:

If you wish to:	You should complete a:
Change your unit selection (add or drop units)	Application for Change to Unit Selection form
Transfer to a new course (within or across schools)	Application to Transfer Course form
Take leave of absence from your studies (suspend your studies for a specified period)	Application for Leave of Absence form

PLEASE NOTE THAT PARTICULAR PROCESSES AND DUE DATES APPLY TO EACH OF THE ABOVE. YOU SHOULD CONTACT YOUR COURSE COORDINATOR SHOULD YOU BE CONSIDERING ANY OF THESE ACTIONS.

There are academic and financial conditions which apply to withdrawing from a course. By signing this form, you are confirming that you have read and understand these conditions (see below).

Date of dropping units		Semesters 1 & 2	Transcript entry	Fees payable
Summer Semester				
Prior to Census date	Prior to Census date		Nil	Nil
After Census date to end of Week 6	After Census date to end of Week 8		W – Withdraw	Full Tuition fees/Student contribution amount
Week 7 to end of Semester	Week 9 to end of Semester		WF – Withdraw Fail	Full Tuition fees/Student contribution amount

Please return the completed form to the CHC Reception. The date of application is the date on which this form is received by CHC.

You will be advised in writing of the outcome of your application.

For further information, please refer to the CHC Withdrawal policy (available on the CHC website).

PLEASE PRINT CLEARLY

Name: _____ Student Number: _____

Address: _____

Postcode: _____

Email: _____ Phone: _____

Course Name: _____ Course Code: _____

Are you a domestic or overseas student? Domestic Overseas
 If you are an Overseas Student, you must consult the CHC Registrar prior to withdrawing.

If you are an Overseas student, do you require a Letter of Release? Yes No

Are you in a Commonwealth-supported place? Yes No

Are your studies on a FEE-HELP and/or HECS-HELP loan? Yes No

 Withdrawal effective from: A] The beginning of Semester One Two Year: _____ **OR**

 B] Immediately

Please note that selecting this option indicates that you do not intend to complete any units in which you are enrolled in the current semester.

 Date last attended class: ____ / ____ / ____ **OR** Distance Education

 Reason for withdrawal:  **Please attach any supporting documentation**

Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY

RECEPTION: Receipt # (Overseas students only) _____ Signature: _____ Date ____ / ____ / ____

1. DEAN/COURSE COORDINATOR: Withdrawal approved Yes No

Comments _____

Dean/Course Coordinator signature _____ Date ____ / ____ / ____

2. REGISTRAR: Withdrawal approved Yes No

Grades(s) for current units (if deferring in the current semester) _____ (See table on previous page for applicable grades)

Comments _____

Registrar signature _____ Date ____ / ____ / ____

If fee not paid: BUSINESS OFFICE Fee Paid Date ____ / ____ / ____ Initials _____

3. STUDENT ADMIN: **Entered** Date ____ / ____ / ____ Initials _____

Letter sent Date ____ / ____ / ____ Initials _____

Library notified Date ____ / ____ / ____ Initials _____

4. SCHOOL ADMIN: DE materials returned (if applicable) Yes N/A Date ____ / ____ / ____ Initials _____

Practicum Coordinator notified (if applicable) Yes N/A Date ____ / ____ / ____ Initials _____

5. BUSINESS OFFICE: Date ____ / ____ / ____ Initials _____