

APPLICATION FOR WITHDRAWAL OF COURSE/UNITS

Read this application carefully. Complete all sections and ensure that any supporting documents are attached and certified by a Justice of the Peace or equivalent in the approved form. Write in BLOCK LETTERS using a blue or black pen. Indicate with "N/A" where questions are not applicable.

1. Applicant's Details			
Student Number:			
Family Name:	Given Name/s:	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss. <input type="checkbox"/> Ms.
Date of Birth: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
Telephone (H):	Telephone (W):	Mobile:	
Email:			
Mailing Address:			

2. Course Information		
Do you wish to: Withdraw from your course? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please state your current course:		
OR do you wish to: Withdraw from some of your enrolled units post census date? <input type="checkbox"/> Yes (If yes, please state units below) <input type="checkbox"/> No		
<i>(If you want to withdraw from some of your enrolled units before census date, please complete the Unit of Study Amendment Form).</i>		
Course Name	Unit Code	Unit Name

3. Conditions for Withdrawal
<ol style="list-style-type: none"> The applicant is aware that withdrawing from a course post census may incur a fee liability or FEE-HELP debt unless the applicant can show that Special Circumstances exist that reasonably prevents the student from continuing their study with Top Education Group Limited trading as Australian National Institute of Management and Commerce (IMC) and Top Education Institute (TOP) (the Institute). The Institute reserves the right to refuse any application for remittance of debt. Each application will be assessed on a case-by-case basis and on its merit. The student acknowledges that a withdrawal from a unit will be recorded as 'Withdrawal' or 'Fail Withdrawal' on their Academic Transcript, depending on the applicable circumstances. A 'Fail Withdrawal' will be noted if the student is unable to demonstrate that Special Circumstances have prevented the student from continuing their study. This form must be submitted with supporting documentation and valid reasons for the request to withdraw post census date in order to qualify for a Special Consideration. Please note this does not guarantee a reduction to your financial and academic liability. The Institute is obligated to report this information to the Department of Home Affairs (DHA) in the event that you are an international student. DHA may not accept the reasons provided for your withdrawal and may proceed to cancel your visa. Students are to contact DHA and the Australian Embassy in your home country prior to making your decision to withdraw from your units for the necessary advice.

6. Before you withdraw from your course, you should discuss your decision with Student Services or the Academic Faculty for advice and information on your decision. Any decision made by the Institute with respect to your request for withdrawal will be final and will be confirmed in writing to you. It is therefore very important that you are fully informed prior to making your decision.
7. The applicant is aware that withdrawing from a course post census will require the applicant to re-credit the Institute any amounts of Scholarship funds that have been provided to date.

4. Grounds for Withdrawal

Medical Grounds Exceptional circumstances Other (*please state below*)

To help the Institute to supply the best possible service, please provide the reasons for your requested Withdrawal of Studies:

5. Supporting Documentation

(This section is mandatory to students withdrawing post census date)

The following documentation has been provided in support of this application:

6. Student Declaration

I have read and understood the assessment submission requirements in relevant unit outline and have read and understood the Institute's Examination Policy. I understand that by signing this form I confirm that all the information provided and all the documents attached are true and accurate.

Applicant Signature:

Date: / /

OFFICE USE ONLY

Comments

Privacy Statement:

Please refer to the Privacy Policy for further information on the use of your personal information. The Institute will only use your personal information for administrative or educational purposes.