



The Canberra Training School Pty. Ltd. T/A CANBERRA BUSINESS AND TECHNOLOGY COLLEGE

COURSE WITHDRAWAL AND REFUND FORM

This form is to be used when formally withdrawing from a course of study when you do not intend to return to study.

PERSONAL DETAILS

Student Number		Campus	
Date of Birth		Phone	
Title			
Given Name			
Family Name			
Address			
Email	Canberra Business & Technology College		
Last Day College Attended	<u>It is mandatory to fill this date</u>		

COURSE DETAILS

I wish to withdraw from the following course:

Course Title	Intake Expected year of completion
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REASONS FOR WITHDRAWAL

Please take the time to list your reasons for withdrawal. Your feedback is important to us.

- | | |
|--|---|
| <input type="checkbox"/> Attending a different institution | <input type="checkbox"/> Personal problems /reasons |
| <input type="checkbox"/> Family Illness | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Travel/break from study |
| <input type="checkbox"/> Lack of preparation/not coping | <input type="checkbox"/> Work related reasons |
| <input type="checkbox"/> Personal Illness | <input type="checkbox"/> Other (please specify) |



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Please provide any additional details below.

Bank Account Details for Refund

ACCOUNT NAME	
BANK NAME	
BRANCH NUMBER(BSB)	
ACCOUNT NUMBER	
SWIFT CODE	

Student Signature

Date

Canberra Business & Technology College

OFFICE USE ONLY

Date Processed

Office of Student Records Advised

Staff Member's Name

Signature