



This form is used to notify CEAV Institute of your intention to withdraw from a course *or* unit of competency.

<i>Student details</i>			
First name:		Last name:	
Email address:		Mobile number:	
Residential Address:			
<i>Withdrawal from a course</i>			
Qualification Code:		Qualification title:	
Reason for withdrawal: (please tick)	<input type="checkbox"/> Family <input type="checkbox"/> Financial <input type="checkbox"/> Employment <input type="checkbox"/> Personal Reasons		
Date effective from:			
<i>Understanding withdrawal conditions</i>			
Please tick those withdrawal conditions which apply:			
<input type="checkbox"/> I understand that there must be no outstanding fees payable to CEAV Institute for the period I have studied.			
<input type="checkbox"/> Request for refund (if within 4 weeks of enrolment)			
<input type="checkbox"/> Applicable if Participant course fee is being paid by Employer – I understand that I must get consent from an employer approving this withdrawal application if employer is paying for the course.			
<input type="checkbox"/> I have read and understood the CEAV Institute Refund Policy. (also, within the student handbook)			
<input type="checkbox"/> Fees must be paid up to period of withdrawal if units of competency have been achieved (in order to be issued a Statement of Attainment)			
<p>Trainees and apprentices: You will need to also complete a traineeship/apprenticeship cancellation form to cancel the agreement with the state training authority.</p>			

Withdrawal Requested by:			
Student Signature:		Date:	
Employer signature: (if applicable)		Date:	
<i>Office use only: Approved by</i>			
Records and Reporting Signature:		Date:	