

Withdrawal Form

Upon receipt of this form, you will be withdrawn from your course. Once the withdrawal has been processed, you will be issued with a Statement of Attainment for any Units of Competency you have achieved. This statement cannot be provided until all outstanding fees have been paid. If no competencies have been attained, no further notification of withdrawal will be provided by CEAV Institute unless specifically requested. If you believe you are entitled to a refund of fees, you will need to complete a Student Refund form and submit it to support@ceav institute.edu.au

Understanding Withdrawal Conditions

Please tick to show you have read and understood the conditions which apply to your withdrawal:

- I understand that there must be no outstanding fees payable to CEAV Institute for the period I have studied.
- I will need to request a refund (if within 4 weeks of enrolment). Please use the Student Refund Form
- Applicable if your course fees are being paid by your Employer** – I understand that I must get consent from my employer to approve this withdrawal application if they are paying for the course. They must sign and date this form.
- I have read and understood the CEAV Institute Refund Policy (also, within the student handbook).
- 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).

Student Details

| | | | |
|-----------------|--|----------------|--|
| First name: | | Last name: | |
| Contact Number: | | Mobile number: | |
| Email Address: | | | |
| Address: | | | |

Withdrawal from a Course

| | | | |
|--------------------------------------|---|----------------------|--|
| Qualification Code: | | Qualification title: | |
| Commencement Date: | | Trainer Name: | |
| Reason for withdrawal: (please tick) | <input type="checkbox"/> Family <input type="checkbox"/> Financial <input type="checkbox"/> Employment <input type="checkbox"/> Personal Reasons <input type="checkbox"/> Medical <input type="checkbox"/> Other (please specify): _____ (Please attach any relevant supporting evidence) | | |
| Withdrawal effective from: | | | |

Withdrawal Form

Withdrawal Requested by:

| | | | |
|-----------------------------------|--|-------|--|
| Student's Signature: | | Date: | |
| Employer Name: (If applicable) | | Date: | |
| Employer's Signature: | | | |

Office Use Only - Approved by:

| | | | |
|---|--|---------------|--|
| RTO Representative's Name: | | Date: | |
| RTO Representative's Signature: | | | |
| Issue of Statement of Attainment Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Sent: | |
| Finance Team notified: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: | |
| Student File Update: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: | |
| VETtrak Updated: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: | |
| Confirmation sent to student: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: | |
| Trainer informed: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: | |