



Application to Withdraw

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Title: Mr / Ms / Miss / Mrs	Student Name:
Student Number:	Phone:
Course Title:	Email:
Timetable:	Date:
Student Withdrawal Request	
I (Print Name) _____ Student Number _____ am enrolled at Institute of Intellect Blending and wish to apply to withdraw my studies in my course(s) stated below (List all courses you wish to withdraw from): _____ _____ _____	
I commenced my studies / was scheduled to commence my studies on _____ and my last day of actual attendance is _____.	
Student Reason for Withdrawal (Please detail your reason(s) for wishing to withdraw from your course(s) and attach any supporting documentation to support your request. Attach additional sheets if necessary) _____ _____ _____ _____ _____ _____ _____	



By signing this document, you are indicating that you are aware of Institute of Intellect Blending's Student Deferment, Suspension and Cancellation Policy, Student Refund Policy and terms and conditions stipulated in your Offer Letter and Student Acceptance Agreement.

I (Print Name) _____ declare that all information and supporting documentation provided by me is true and correct. I understand that providing false information to Institute of Intellect Blending may result in termination of my enrolment and/or entitlements.

Student Signature: _____ Date: _____

Please note: If you are on a student visa and your cancellation request is approved, government legislation requires Institute of Intellect Blending to inform the Department of Home Affairs (DHA) of the cancellation. This may affect your student visa.

Office use only.

Application Received By	Name:	Signature:	Date:
Accounts Department	Tuition Fees Clear – Yes / No Admin Fees of \$200.00 Clear - Yes / No Comments:		
	Name:	Signature:	Date:
Application Approved / Rejected			
PEO:	Name:	Signature:	Date: