



Request to Withdraw Form

Student Details:	
First Name:	Last Name:
Email:	SID:
Course Name:	Intake Date:
Expected Ending Date:	Last day of study:

Reason for Withdrawal:
<input type="checkbox"/> I am transferring to another provider. <i>Note: if requesting transfer prior to completing six months of the student's principal course of study, the student will be required to apply for a Letter of Release.</i>
<input type="checkbox"/> I am returning home for personal reasons. (Please specify the date of departure and attach evidence: _____)
<input type="checkbox"/> My student visa application was refused.
<input type="checkbox"/> I have permanent residency/ visa other than student visa.
<input type="checkbox"/> Other (please specify)

**The request will be processed within 10 working days after the completed form is received by the College. Student needs to submit the completed form to admin@rosehillcollege.edu.au or Administration staff in person at the campus.*

Student Declaration

- I have attached relevant document(s) as an evidence of my request.
- I wish to request refund and Refund Request Form is completed and attached.
- I am aware of the College's Fees and Refund Policy, and Deferment, Suspension and Cancellation Policy.
- I am aware my CoE will be varied and my visa status may be affected.
- I request academic documents.

Student Signature _____

Date: _____



Office Use Only

Relevant Fees paid and no Fees outstanding Yes No

Approval from Student Service & Administrative Manager Yes No

DOS notified Yes No

Form & Documentation uploaded Yes No

Recorded on PRISMS Yes No

Comment:

Signature: _____ Date: _____