

TRAINING Course Withdrawal/Defer/Amendment Form

Course Withdrawal/defe	er/amendment Form									
Section 1 – Client Detail	S									
Name:										
Student ID:										
Contact Tel:			Mobile	:						
Email:										
Qualification / Course:			Course Start D		/	/				
Section 2 – Change Deta	ails									
I wish to withdraw from this course. I understand I need to abide by the Refunds Policy.										
Withdrawal Date:	/ /									
Withdrawal Reason:										
Signature			Date:		/	/				
I wish to Transfer to another course date. I understand my transfer will be subject to course availability.										
Transfer to Date:	/ / or	/	/							
Transfer Reason:										
Signature			Date:		/	/				
I wish to Transfer to another Delivery Mode/Class. I understand there may be further fees involved.										
Transfer Date:	/ /									
Transfer Reason:			New Deliver Mode:	r y [[Class Corre Onlin	espondence	e			
Signature			Date:		/	/				
I wish to Defer my enrolment in this course. I understand that my enrolment has an expiry date.										
Defer to Date:	/ /									
Deferral Reason:										
Signature			Da	ate:		/ /	1			
Section 3 – Authorisatio	on									
Requested Change has b	een finalised?	🗌 No								
Signature:		Position:								



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Print Name:		Date Processed:							
Admin Use Only									
Changed in SMS:	🗌 Yes	🗌 No	Date:		/	/			
Logged By:			Signature:						
Formal Letter/Email Sent:	🗌 Yes	🗌 No	Date:		/	/			
Sent By:			Signature:						