



WITHDRAWAL OF COURSE/UNITS

Applicant's Details

Title: Mr Mrs Ms Miss Dr

Student Number:

Date of Birth / /

Family Name: _____

Given Names: _____

Phone Number: _____

Email: _____

Mailing Address: _____

Post Code: _____

Withdrawing from your course Course Name: _____

OR

Withdrawing from some of your enrolled units after post census date
(If you want to withdraw from some of your enrolled units before census date, please complete the **Unit of Study Amendment Form**).

Course Name	Unit Code	Unit Name

Conditions for Withdrawal

1. The applicant is aware that withdrawing from a course post census may incur a fee liability or FEE-HELP debt unless the applicant can show that Special Circumstances exist that reasonably prevent the student from continuing their study with TOP Education Institute (TOP).
2. TOP reserves the right to refuse any application for remittance of debt.
3. Each application will be assessed on a case by case basis and on its merit. The student acknowledges that a withdrawal from a unit will be recorded as 'Withdrawal' or 'Fail Withdrawal' on their Academic Transcript, depending on the applicable circumstances. A 'Fail Withdrawal' will be noted if the student is unable to demonstrate that Special Circumstances have prevented the student from continuing their study.
4. This form must be submitted with supporting documentation and valid reasons for the request to withdraw post census date in order to qualify for a Special Consideration. Please note this does not guarantee a reduction to your financial and academic liability.
5. TOP is obligated to report this information to the Department of Immigration and Border Protection (DIBP) in the event that you are an international student. DIBP may not accept the reasons provided for your withdrawal and may proceed to cancel your visa. Students are to contact DIBP and the Australian Embassy in your home country prior to making your decision to withdraw from your units for the necessary advice.
6. Before you withdraw from your course, you should discuss your decision with Student Services or the Academic Faculty for advice and information on your decision. Any decision made by the Institute with respect to your request for withdrawal will be final and will be confirmed in writing to you. It is therefore very important that you are fully informed prior to making your decision.
7. The applicant is aware that withdrawing from a course post census will require the applicant to re-credit the Institute any amounts of Scholarship funds that have been provided to date.

Grounds for Withdrawal

Medical Grounds

Exceptional circumstances

Other _____

To help TOP supply the best possible service, please provide the reasons for your requested withdrawal of Studies:

Supporting Documentation (this section is mandatory to students withdrawing post census date)

The following documentation has been provided in support of this application:

Student Declaration

I declare that the information provided by me on this form is true and correct. I give TOP the permission to authenticate and seek verification of the information supplied by me in this application.

Applicant signature: _____

Date: / /

TOP Office Use

Comments

TOP Administration Team

Signature: _____

Date: / /

Name: _____

Financial Department Comments

TOP Financial Department

Signature: _____

Date: / /

Name: _____

Approved by:

Signature: _____

Date: / /

Name/Position: _____

Privacy Statement:

Please refer to the Privacy Policy for further information on the use of your personal information. Top Education Institute will only use your personal information for administrative or educational purposes.