## **VET FEE-HELP**

RGIT Australia National Provider No: 22088 ABN 68 127 999 160 CRICOS Code: 03002G



## **Enrolment Withdrawal Form**

Your Details					
Student Number:					
Course Enrolled In:					
Given/First name:					
Family name:					
Address (Where notification of outcome with	ll be sent):				
		State:	Post Code	:	
Email:					
Contact Phone:	Mobile:				
If going to enrol in another institute:					
Name of Institution:				_	
Course Name:				-	
Date from which withdrawal begins	:		(cannot be	e backd	ated)
Please provide reasons for withdraw	val of enrolment				
Student Signature:		Do	ate:		
OFFICE USE ONLY- Ple	ease ensure this forr	n is signed by o	all listed depart	ments	
				Approv	
OFFICE USE ONLY				Yes	No
Finance Signature					
Date				Yes	No
Student Services Signature					
Date				Yes	No
Admissions Signature					

<u>**IF APPROVED:**</u> Admissions to ensure the relevant entity department is formally notified of the student's withdrawal, processed on RTO manager and a copy of completed withdrawal form is filed on the student's file.

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