

TNE Withdrawal Request Form

Email this form to enrolments@unswcollege.edu.au

STUDENT DETAILS: (please use CAPITAL letters)

Family Name:	Given Name:
gID and zID:	Email:

ENROLMENT DETAILS:

Program:	Centre Enrolled:	Intake:
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Reason for Withdrawal: (please tick appropriate box)

☐	Unable to complete due to personal reasons
☐	Not satisfied with program (please provide reasons below)
☐	Other (please provide details below)

DECLARATION:

I understand that I will be withdrawn from the Program.

I understand that UNSW College is not liable for any refund and that no further results will be provided for the Program.

Student's Signature

Date:

Parent/Guardian's Signature

Date:

Provider's Signature

Date:

Email this form to enrolments@unswcollege.edu.au

OFFICE USE ONLY	
Received by:	Date:
Form signed and dated by student: ☐ Yes ☐ No	
Form signed and dated by guardian: ☐ Yes ☐ No	
Form signed and dated by Provider: ☐ Yes ☐ No	
Date Processed:	

