



## TNE Withdrawal Request Form

Email this form to [enrolments@unswcollege.edu.au](mailto:enrolments@unswcollege.edu.au)

### STUDENT DETAILS: (please use CAPITAL letters)

Family Name:	Given Name:
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gID and zID:	Email:
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### ENROLMENT DETAILS:

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

<input type="checkbox"/>	Unable to complete due to personal reasons
<input type="checkbox"/>	Not satisfied with program (please provide reasons below)
<input type="checkbox"/>	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I understand that I will be withdrawn from the Program.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:

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OFFICE USE ONLY	
Received by:	Date:
Form signed and dated by student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Form signed and dated by guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Form signed and dated by Provider: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Processed:	