

RTO No: 21870 CRICOS Provider Code: 02992E ABN: 39 122 778 563

Level 3 118 Queen Street Melbourne VIC 3000

Telephone (03) 8395 0151 E-mail info@RhodesCollege.vic.edu.au

Course Withdrawal Form

Instructions: Students are required to fill and submit this form to the Student Administration if they wish to withdraw from the course.

Personal Details			
Student ID:			
Given Name:			
Family Name:			
Home Address			
Address:			code:
Contact Details			
Home Ph: Mo	obile:	Email:	
Withdrawing Course(s) Details			
Course(s):			
Reason for withdrawing the course(s)			
For International Students Only			
I am applying for a letter of release.			
I have attached a letter of offer from my new provider and other supporting documents.			
I understand that withdrawing from my enrolment will result in cancellation of my COE and this may affect my student visa.			
I understand that if I am not issued with a letter of release, cancellation of COE cannot be treated as a letter of release.			
Student Signature:		Date:	
Office Use Only			
Date received:		Received By:	
Request Approved: Yes	No	Date Processed:	
Correspondence sent to Student: [Yes No	If Yes, Date sent:	
		T '	
Course Withdrawal Form Managed By: VET Coordinator	Version: 16.0	Issue Date: 10 July 2024 Authorized By: CEO	Review Date: 01 July 2025 Page 1