

# Withdrawal Form

**Submission Details:**

**Students: Please submit this form (completed and signed) to the Student Support Officer.**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_ **Student ID or USI:** \_\_\_\_\_

**Course Withdrawing From:** \_\_\_\_\_

**Please indicate below the MAIN reason for withdrawing:**

- Employment     
  Transfer to another AGB course     
  Personal/Family reasons  
 Financial     
  Transfer to another training organisation  
 Other (please provide a brief explanation): \_\_\_\_\_  
 \_\_\_\_\_

**Please acknowledge that you have read and understood the following:**

- I understand that this does not relieve me of any financial obligations to AGB Training in alignment with the Withdrawal Policy located on website: <https://www.agb.edu.au/about/forms-and-documents>  
 I have read and understand AGB Training’s Fees, Charges and Refunds Policy located on website: <https://www.agb.edu.au/about/forms-and-documents>  
 I understand my withdrawal from this course may affect my eligibility to receive government funding for the remainder of the calendar year and with future funding opportunities for qualifications at the same level (government funded enrolments).  
 I understand that should I wish to return to complete this qualification that I must re-enrol through the admissions office.

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

***Withdrawals are effective from the date this form is signed by the Student Support Officer.***

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Support Officer Name:** \_\_\_\_\_ **Student Support Officer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  Attached Student’s file with this form and submit to Compliance Department for processing.

Office Use Only:		
Completed in VETtrak Date: ____/____/____ Initial: _____	Student File Audited and Archived: ____/____/____	
Completed in DELTA Date: ____/____/____ Initial: _____	Completed in PRISMS Date: ____/____/____ Initial: _____	
All Student Work has been Submitted by the Trainer/Assessor: ____/____/____	Evidence of Participation is within the last 30 days: ____/____/____	Date SoA Issued and Sent (where relevant): ____/____/____