



Withdrawal Form

Students: Please submit this form to the administration team.

Student Name: _____ Date of birth: ____/____/____

Contact phone: _____ Withdrawal date: ____/____/____

Course withdrawing from: _____

Please indicate below the MAIN reason for withdrawing, using a tick ✓

<input type="checkbox"/> Employment	<input type="checkbox"/> Transfer to another AGB Training course
<input type="checkbox"/> Personal / family reasons	<input type="checkbox"/> Financial
<input type="checkbox"/> Transfer to another training organization	
<input type="checkbox"/> Other (please give brief explanation) _____	

Please acknowledge that you have read and understood the following, using a tick ✓

- I understand that this does not relieve me of any financial obligations to AGB Training in alignment with the withdrawal policy.
- I have read and understand AGB Training refund policy – located on website:
<http://www.agb.edu.au/wp-content/uploads/2014/09/PP002-AGB-Training-Fees-Charges-and-Refunds-Policy-Procedure-V2.pdf>
- I understand my withdrawal from this course may affect my eligibility to receive government funding for the remained of the calendar year and with future funding opportunities for qualifications at the same level.
- 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 Administration Officer

Student Signature: _____ Date: ____/____/____

Student Administration Officer Signature: _____ Date: ____/____/____

Office Use ONLY

Withdrawn in VETtrack Date: ____/____/____ Initial: _____	Student file audited and archived: Date: ____/____/____	Evidence of participation is with the last 30 days: Date: ____/____/____
All student work has been submitted by trainer Date: ____/____/____		



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