

By completing and submitting this *Withdrawal Form the student will discontinue the Course of Study or Unit/s of Study/Competency with Skills Training Australia and will need to re-apply for admission to study in the future.

The date the *Withdrawal Form is received by Skills Training Australia is the date the student is deemed to have withdrawn from the Course of Study or Unit/s of Study/Competency.

**the Withdrawal Form or an email or letter of intention to withdraw with all relevant details*

Please note: For student accessing a VET Student Loan or VET FEE-HELP, to avoid incurring a debt the student must withdraw from a Unit of Study on or before the census day.

For students accessing VET Student Loans:

If applying for special circumstances for incurred debt to be re-credited after the census day please refer to *PP127A Student Review Requirements, Refunds and Re-crediting FH Balance* and complete and return *FM141A Refund and Re-credit of FEE-HELP Balance*

For students accessing Grandfathered VET FEE-HELP:

If applying for special circumstances for incurred debt to be re-credited after the census date please refer to *PP127 Student Review Requirements, Refunds and Re-crediting VFH Balance* and complete and return *FM141 Refund and Re-credit of FEE-HELP Balance*

Personal Details

Student Name:	
CHESSN <i>(students accessing VET Student Loan/VET FEE-HELP)</i>	
Email:	
Address:	
Phone:	

Please tick your request/s

- I wish to withdraw from my Course of Study
- I wish to withdraw from my Unit/s of Study
- I wish to withdraw from my Unit/s of Competency

Enter the VET Course Code and Name:

Student to complete the below if withdrawing from specific VET Unit/s of study or competency

Office Use Only

VET Unit of Study <i>(For VET Student Loan/VET FEE-HELP approved courses)</i>	VET Unit of Competency <i>(For all other courses)</i>	Start Date	Census Day/Date <i>(where applicable)</i>	Upfront Fees Paid

Reason for Withdrawal

Student must state reason for withdrawal from course or unit/s of study/competency

I understand that:

- by completing and signing this form I will discontinue my enrolment in the course or unit/s of study/competency specified in this form and that, I will need to re-enrol in the unit/s to complete these.
- should I wish to re-enrol in the unit/s of study/competency or enrol in subsequent unit/s of study/competency **post my withdrawal**, I must contact Skills Training Australia and complete a new application form.

I declare the information I have given on this application is correct. Please amend my records to show that I am withdrawing as indicated above.

Student Signature:

Date:

OFFICE USE ONLY:

Note: If a student has provided an email or letter of intention to withdraw, the student does not need to complete pages 1 and 2 of the form. Please attach the document to the withdrawal form and complete the office use only section.

Finance:

Date received				
Does the student have a VSL/VFH?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any outstanding payments?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'YES', complete the below				
Funded	<input type="checkbox"/>			
FFS	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
Does the student have a payment plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'YES', what is the balance?				
Amend student management system for VSL/VFH (if applicable)				
<input type="checkbox"/> Completion Status updated				
<input type="checkbox"/> Not applicable				
Finance Signature:				

Training Coordinator

Date received				
I have discussed with the student the reasons for withdrawal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I approve the application to withdraw based on my conversation with the student	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For Govt. Funded Students, ensure funding received up until withdrawal date via SVTS (in line with file evidence)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Determine hours that can be claimed based on last session of participation; where necessary pay back through SVTS:				
# of Hours to claim _____ # Hours to pay back _____				
Additional notes (if applicable):				
STA Training Coordinator signature:				

Student Records

Date received	
Amend student management system	<input type="checkbox"/>
Complete a File Audit (FM083)	<input type="checkbox"/>
Issue SOA	<input type="checkbox"/>
STA Loan Tracker Updated	<input type="checkbox"/>
Additional notes (if applicable):	
EMAIL COPY OF THIS FORM TO FINANCE <input type="checkbox"/>	
Student Records signature:	