



Withdrawal Form

This form is to be completed by international students who wish to withdraw from their course of study.

Further information can be found in the International Student Handbook about the circumstances in which you may withdraw from your course and refunds.

Your visa may be affected by your application to withdraw so you should contact Department of Home Affairs (DHA) on 131881 to discuss any implications.

Student Name:		Student ID:	
Date of Withdrawal:	/ /	Course:	

I wish to withdraw from the course I am enrolled in with AIM Institute of Health & Sciences. I wish to withdraw for the following reason (tick one):

- I have decided not to commence the course I enrolled in.
- I am returning to my home country and will not continue to study in Australia (please attach a copy of your airline ticket).
- I am transferring to another registered provider (please attach a copy of the letter of offer).
- My visa has been refused (please attach the notification of refusal).

Please indicate any other reasons or relevant information regarding your withdrawal:

Do you wish to study with another provider and have not yet completed six months of your principal course?

- Yes
- No

If you answered, yes we will provide you with the course transfer application form.

Do you wish to apply for a refund?

- Yes
- No

If you answered yes, we will provide you with the refund application form.

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Have your contact details changed since you last advised us of them? Yes No If yes, please provide below.

Home Address			
Suburb:		Postcode	
Tel (Home):		Tel (Work)	
Mobile		Email	
Student			
Sign			
Printed Name			
Date			

Please forward this completed form to our office. Upon receipt of this form, you will be withdrawn.

Once your withdrawal has been processed, you will be issued with a statement of attainment for any competencies you have achieved.

NOTE: This statement cannot be provided until all outstanding fees have been paid.

If competencies have not been attained, no further notification of withdrawal will be provided by AIM Institute of Health & Sciences unless specifically requested.

Office Use Only			
Received By			
Application Status	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	
Processed By		Signature	Date: __ / __ / ____
Staff Comments			

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