



## Withdrawal Form

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

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

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).

### Withdrawal Reason

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

- Yes
- No

Do you wish to apply for a refund?

- Yes
- No

If you answered yes, you need to fill out the refund application form and email it to us along with the withdrawal form.

You can download the Refund application from [www.aiminstitute.edu.au](http://www.aiminstitute.edu.au) .



Have your contact details changed since you last advised us of them?  Yes  No

If yes, please provide below.

Home Address			
Suburb:		Postcode	
Mobile		Email	
<b>Student</b>			
Sign			
Printed Name			
Date			

Please forward this completed form to [Studentservices@aiminstitute.edu.au](mailto:Studentservices@aiminstitute.edu.au) . Upon receipt of this form, you will be withdrawn.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.

<b>Office Use Only</b>			
Received By			
Application Status	Approved	Rejected	
Processed By		Signature	Date: __ / __ / ____
<b>Staff Comments</b>			