



Cancellation or Withdrawal of Enrolment Form (Domestic Students)

STUDENT DETAILS

Family Name:	Given Name(s):	
Student ID Number:	Date of Birth:	
Phone Number:	E-Mail Address:	
Current Address:		
City:	State:	Postcode:
Currently Enrolled Course:		

ENROLMENT CANCELLATION or WITHDRAWAL DETAILS

I wish to **CANCEL or WITHDRAW** my enrolment from (insert date) ___/___/____ due to: (Tick one box below)

Compassionate or Compelling circumstances - Please Tick one box below for reasons :-

Serious illness or injury (medical certificate states that the student is unable to attend classes)

Bereavement of close family members (death certificate attached)

A traumatic experience (medical certificate attached)

Others - (please attach additional pages if required) Reasons:



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STUDENT DECLARATION

Have you:

- Completed all of the required details? Yes No
- Attached a statement of reasons and relevant supporting documentation (for cancellation / withdrawal where required?) Yes No

*If you have answered **no** to any of the above questions relevant to your application, please note that your application will not be assessed until the appropriate documentation is provided.*

Declaration:

1. I understand that if I have not supplied appropriate supporting documentation, then this application will not be assessed until the appropriate documentation is provided which may result in the outcome to be Not Approved.
2. I have read ACE's Withdrawal or Cancellation Policy and Procedure, Fees and Charges Policy and Procedure, Refund Policy and Procedure and/or Issuance of AQF Qualifications Policy and Procedure, as related to this application.
3. I understand that I have been advised by ACE that withdrawing or cancelling my current enrolment may reduce my ability to access such funding in the future (funding to one qualification for that year as learner can access only the '2 in a year' limitation; the '2 at a time' limitation; the '2 at level' limitation).
4. I declare that the information provided by me is true and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relation to my application may delay the processing of my application.
5. I understand that I have been advised by ACE that I will be issued with Statement of Attainment for the units achieved competency within 30 days of my last day of my training and/or assessment, and a copy retained with ACE as evidence that this has occurred and that I will receive all documents provided no outstanding fees are due.

Signature of Student:

Date:

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APPLICATION OUTCOME (OFFICE USE ONLY)

Outstanding fees: NO YES Amount.....

Finance Officer: Date: ____/____/____

Supporting evidence received: (please tick)

- Refund application form Statement of reasons Medical certificate/s
 Evidence of compassionate and compelling circumstances.....
 Other supporting documentation:

Approved:

Not Approved:

If not approved, state reasons:

CEO Signature:

Date:

Student Management system updated on ____/____/____ by.....

Date Student Notified of Approval: ____/____/____ **Notice of decision sent to student (max. 5 working days)**

Notified by: _____ Signature of staff: _____

Mode of notification: Email Post

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