

## **COURSE WITHDRAWAL FORM**

## **HOW TO APPLY**

- Please read the **Withdrawal Procedure, Transfer Between Providers Procedure and Refund Policy and Procedure** published on IGI's website before submitting this form.
- Complete this form and submit it accompanied by the appropriate evidence to support your withdrawal request.
- The outcome of this request will be communicated to you in writing within 10 working days.
- A processing fee of \$250 will apply for all withdrawal requests. The request will only be processed once the payment is finalised.

## **INTERNATIONAL STUDENTS**

IGI will notify the Department of Education via PRISMS of the discontinuation of your enrolment. Please contact the Department of Home Affairs to discuss how withdrawing from a provider may affect your student visa.

ranny Name.	
Given Name(s):	Date of Birth:
Address:	
Phone: E-mail:	
OURSE	
$\square$ Bachelor of Business Management	$\square$ Bachelor of Digital Marketing
$\square$ Associate Degree of Business Management	$\square$ Bachelor of Entrepreneurship and Innovation
$\square$ Diploma of Business Management	
/ITHDRAWAL DETAILS	
Reason for withdrawal:	
$\hfill \square$ Returning to home country - Please provide fligh	t tickets to your country of residence.
☐ Transferring to another provider - Please provide	e offer letter from new provider.
	р
☐ Visa status change - Please provide new visa gran	·
☐ Visa status change - Please provide new visa gran☐ Other (please specify)	nt letter.
☐ Other (please specify)	nt letter.
	nt letter.
☐ Other (please specify)  I wish to withdraw from my studies from this date: _	nt letter.
☐ Other (please specify)  I wish to withdraw from my studies from this date:	nt letter.
☐ Other (please specify)  I wish to withdraw from my studies from this date: _	nt letter.
☐ Other (please specify)  I wish to withdraw from my studies from this date:  Evidence provided: ☐ Yes ☐ No	nt letter.
☐ Other (please specify)  I wish to withdraw from my studies from this date:  Evidence provided: ☐ Yes ☐ No	nt letter.

STUDENT DECLARATION  □ I declare that the information provided by me on this form is true and correct.				
□ I have read and understood the <i>Withdrawal Process, Transfer B</i> and <i>Procedure</i> .	etween Providers Procedure and Refund Policy			
Student's Signature:	Date:			

IGI USE ONLY					
WITHDRAWAL ASSESMENT					
All required documents submitted by applicant: □ Yes □ No					
Release approved:	☐ Yes ☐ No	□ N/A			
Withdrawal Approved:	□Yes	□No			
Notes:					
Approved By:					
Name_		_ Position:			
Signature:		_ Date:			
Student advised in writing:	□ YES	Recorded on student file:	□YES		