



Course Withdrawal/Deferral Form

Complete and sign this form to withdraw from your course or defer your course at Chelsea College. You can submit your form by email to admin@chelseacollege.edu.au or submit at your campus.

Enrolment options: a number of options exist which you may wish to consider before terminating your enrolment. You may seek out student support services if you are experiencing academic or personal difficulties.

1. Personal Details			
Name:			
Student ID:			
Contact Tel:		Mobile:	
Email:			
Qualification / Course:		Course Start Date:	/ /
2. Request for Change Details			
<input type="checkbox"/> I wish to withdraw from this course. I understand I need to abide by the Refunds Policy.			
Withdrawal Date:	/ /		
Withdrawal Reason: (please indicate the main reason)	<input type="checkbox"/> Academic difficulty	<input type="checkbox"/> Personal/family reasons	<input type="checkbox"/> Financial reasons
	<input type="checkbox"/> Employment	<input type="checkbox"/> Transfer to another institution	<input type="checkbox"/> Quality of teaching
	<input type="checkbox"/> Health reasons	<input type="checkbox"/> Quality of course	<input type="checkbox"/> Other (please specify)
Student Signature		Date:	/ /
<input type="checkbox"/> I wish to Defer my enrolment in this course. I understand that my enrolment has an expiry date.			
Defer from Date:	/ /	Defer to Date:	/ /
Deferral Reason:			
Student Signature		Date:	/ /
Section 3 – Authorisation by Chelsea Staff			
Has the Requested Change been finalised? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature:		Position:	
Print Name:		Date Processed:	
Admin Use Only			
Changed in SMS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	/ /
Logged By:		Signature:	
Formal Letter/Email Sent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	/ /
Sent By:		Signature:	