

REQUEST FOR COURSE WITHDRAWAL AND FEE REMISSION APPLICATION FORM

Please complete this application and submit to the Student Services Officer in person or by email

Student Name	Student ID Number
Current Address	
Contact Phone Number	Email Address
Contact Filone Namber	Email / (daress
Course Name	Course End Date
Outline the reason for your course withdrawal application	
Provide supporting documentation for your course withdrawal (i.e. medical certificate, letters or	
other information)	
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Course Withdrawal, Cancellation Policy Important Inform	
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