AHETI
Transforming Aspirations into Australian Health Careers

Course Withdrawal Application Form

STUDENT INFORMATION	
Student Name	
Address & Postal Code	
Email:	
Phone Number:	
COURSE WITHDRAWAL REQUEST DETAILS	
Course Requesting Withdrawal From:	
Requested Withdrawal Date:	
Reasons for Requested Withdrawal:	

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STUDENT DECLARATION			
I hereby declare: • That all supporting documentation provided to Australia Health Education and Training Institute (AHETI) is true and accurate. • I have read and agree to abide by the relevant Australia Health Education and Training Institute (AHETI) policies. • I acknowledge that I understand my student rights and obligations. Your signature below constitutes that the information provided to the best of your knowledge is true and correct and that you understand the items listed in the student declaration.			
Student Name:			
Student Signature:		**Date:**	

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REVIEW AND DECISION			
Name of the Decision Maker:			
Position:			
Student's Request Type			
Assessment of the student's situation:			
Application	☐ Approved ☐ Denied		
Basis for the Decision			
Effective Date of Decision:			
Signature:		**Date:**	

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ADMINISTRATIVE ACTION			
Name of the Individual carrying out the Administrative Action:			
Position:			
Administrative Check:	☐ The student has been informed in written form. ☐ The decision has been conveyed to the relevant trainer. ☐ The refund of student fees has been processed. ☐ No refund is necessary or the refund was not approved. ☐ The student's file has been either moved to an archive or transferred. ☐ A certificate has been issued, if applicable. ☐ The Student Management System has been updated.		
Comments:			
Signature:		**Date:**	