



IMAGINE EDUCATION AUSTRALIA

EDUCATION CENTRE
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COURSE WITHDRAWAL FORM

Student Name			
Student Number		Is the Student SVP?	Yes or No Please Circle)
Email Address			
Today's Date			
Course Name			
Course Start Date		Course Proposed End Date	
Are you enrolled in any following courses after this course? YES or NO (Please Circle)			
Have you received counselling?	YES	Comments:	
Date:	No	Counsellor's Signature:	
Reason for withdrawal			
<p>Please Note: A cancellation will affect your student visa. You must contact the Department of Home Affairs (DHA) for visa information before submitting this form. Contact DHA by phone on 131 881 or through their website at www.immi.gov.au</p> <p>Declaration: I hereby apply to cancel my course of study and acknowledge that this application will be processed in accordance with the Imagine Education Australia, Deferral, Suspension and Cancellation Policy, which I have read and understood.</p>			

Please attach any supporting documentation if required.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY			
Received by:		Date Received:	/ /
Counselled by:		Date Actioned in PEPI:	/ /
Last day of study on CoE:	Date: / /	Date Actioned in PRISMS:	/ /
Comments:			
General Manager: CHANGE Approved / Declined (Please circle)	Date: / /	Signature:	
Reason (if declined):			
Actioned by:		Date Actioned:	/ /
Student Advised:		Date Sent:	/ /
Trainer Advised:		Date Sent:	/ /
Agent & Account Mgr Advised:		Date Sent:	/ /
Timetable Updated:	Date: / /	Signature:	

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National Provider Number 31302

