

Withdrawal Form



Please **complete** and **sign** the form and submit to EQUALS reception or email to customerservice@equals.com.au. We attempt to review all applications within 10 working days however during peak periods, further delays may apply.

Please ensure that your Student Card is returned with this Withdrawal Form. Failure to do this may result in your application being delayed.

Applicant Details

Family Name:		Given Names:	
Date of Birth:		Address:	
Suburb:		Postcode:	
Telephone:		Mobile:	
Email:			

Enrolment Details

What program are you enrolled in?			
Original Start Date as per eCoE		What is your Group Number (if relevant)?	
Do you have any outstanding fees owing to EQUALS?	Yes	No	Unsure

Reason/s for Withdrawal (please tick) – (please attach evidence where relevant, e.g. medical certificate)

Travel		Visa Change		Financial Hardship	
Personal Issues		Health Issues		Other (please specify)	

You must attach supporting evidence with your application. Please attach copies of:

Flight/Airline arrangements (eg tickets) _____

Medical Certificate _____ Other Evidence _____

Transferring to another Course/Institution

Name of new program: _____ Name of New Institute: _____

Applicant Declaration

a)	The above information is true and correct;
b)	The information supplied may be provided to the Australian government if requested;
c)	I understand that this application to defer/withdraw or seek leave may affect my student visa. I will contact the Department of Immigration and Citizenship (DIAC) for visa information prior to submitting this form. DIAC can be contacted on 131 881 or via their website at www.immi.gov.au .
d)	I understand that I have 20 working days to access the complaints and appeals process should I wish to appeal the outcome of my application.
e)	I have read and acknowledge the terms and conditions of my enrolment, as outlined in my signed Student Enrolment form and Student Handbook and other documents as may be relevant to my enrolment at EQUALS.
f)	I understand that EQUALS may take legal action to recover any outstanding fees and I will be liable to pay recovery costs.
APPLICANT SIGNATURE: _____	
Date: _____	

OUTCOME				
Application Approved:	YES:	NO:	Date:	Signed:
		Reason: (use reverse side if req'd)		
Student Acknowledgement:				
I acknowledge the above decision on my application:				
Student Name:	Student Signature:	Date:	/	/