

WITHDRAWAL FORM 18F25

SECTION A: Please fill out and email to: info@pca.edu.au			
Alternatively, this form can be printed and handed in to the administration office on campus.			
Family Name:			
First Name:			
Course Name:			
Course Number:			
Date of Birth:			
Postal Address:		PostCode:	
<p><u>I wish to apply for a withdrawal because (please tick one):</u></p> <p><input type="checkbox"/> I am withdrawing from the qualification, and <u>deferring</u> my studies for months (up to 12 months from request receipt date).</p> <p><input type="checkbox"/> I am withdrawing from my qualification, and <u>discontinuing</u> my studies.</p> <p><input type="checkbox"/> I am withdrawing from my qualification, and <u>transferring</u> to another Registered Training Provider</p> <p><u>I wish to apply for a refund/partial refund because (please tick one):</u></p> <p><input type="checkbox"/> I am withdrawing prior to first class attendance or first participation in training</p> <p><input type="checkbox"/> I am withdrawing after commencement of classes and/or participation in training</p> <p><input type="checkbox"/> Other, please specify and attach documentary evidence (please see over page for reasons)</p>			
Applicant Signature:	Date:		



Bank Details:	
Deposit Account: Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits:	
Account Name:	
BSB:	Account No:
I authorise refunded amounts to be deposited into the above nominated account.	
Applicant Signature:	Date:

SECTION B: TO BE COMPLETED BY CEO (Office Use ONLY)			
Name:			
Action:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	Refund Amount \$
Reason for decision: (Please attached medical certificate or doctor's letter if withdrawing due to a medical reason).			
CEO Signature:		Date:	