



Course Withdrawal or Transfer

Date

Personal Details

SURNAME (BLOCK LETTERS)

OTHER NAMES

STUDENT NUMBER:

Course Enrolled:

Date course commenced:

- I wish to withdraw from this course.
- I wish to transfer to another course date
- I wish to apply to transfer from:
 - Fulltime to correspondence
 - Correspondence to fulltime

Reason for Transfer:

(Student Signature)

\$

(Refund)

Office Use Only

Student Progress Notes:

REPLACEMENT MANUAL FEE?

Approved:

- Student Notified
- Enrolments Administrator Advised
- Open Learning Coordinator Advised

(Director Real Property Learning)

(Dated)

(Dated)



**Course Withdrawal or Transfer
Payment Form**

Name: _____ Date: _____

Address: _____

_____ Postcode _____

Telephone: (H) _____ (W) _____

Signature: _____

Please do not detach

Payment Details

My (cheque / money order) for **\$75** is attached: Yes No

OR

Please charge my credit card **\$75**:

Visa Mastercard

Expiry Date: _____ / _____

Card Number:

Card Holder's Name: _____

Signature: _____

Office Use ONLY

Receipt Number: _____

Accepted: Yes / No

PLEASE RETURN THIS FORM WITH YOUR PAYMENT