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| Form Name: | Course Withdrawal form |
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COURSE WITHDRAWAL FORM

NOTE: STUDENTS ARE REQUIRED TO COMPLETE AND SUBMIT THE FORM TO STUDENT CARE (STUDENTCARE@MERCER.EDU.AU) IF THEY WISH TO WITHDRAW FROM THE COURSE.

| | | | |
|--------------------|--|--------------|------------------|
| Student ID No. | | | |
| Course code & name | | | |
| Given Name | | | |
| Surname | | | |
| D.O.B (dd/mm/yyyy) | | Gender | Male Female |
| Address | | | |
| | | | |
| Suburb | | Postcode | |
| Home Phone | | Mobile Phone | |
| Email | | | |

For VET Student Loan Only:

- I am aware that if I withdraw after the census date, I will incur VET Student Loan debt.
- I wish to withdraw from the unit/s of study listed below on or before the census. No debt is incurred and refund applies if payment has been made.
- I wish to withdraw from the unit/s of study listed below after the census. No refund or removal of debt unless special circumstances apply. NOTE: If you withdraw from a unit of study, but wish to continue your course, you will need to send request to Collarts in writing to continue/resume your study.

Please refer to the following link for further information and special circumstances

<https://www.studyassist.gov.au/vet-students/vet-student-loans>

Unit of study details students to complete:

| Unit of study code | Unit of study name |
|--------------------|--------------------|
| | |
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| | |

Reason for withdrawing from the course(s):

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

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Note 1: Refunds (applicable to payment only) are to be made to the student, organisation or third party who originally paid.
Note 2: For Credit card payments. Any payments made by Credit Card will be refunded to the original credit card number only

Electronic payment for refunds:

| | |
|---------------|-------------|
| Account Name: | |
| Bank name: | Branch: |
| BSB No: | Account No: |

Office Use Only

| | | | | |
|---|-------|--|---------------------------|--|
| Received by Student Care | Name: | | Date: | |
| Student Care Signature | | | Date: | |
| Request Approved: <input type="radio"/> Yes <input type="radio"/> No | | | Date Processed: | |
| Correspondence sent to Student: <input type="radio"/> Yes <input type="radio"/> No | | | If Yes, Date sent: | |