

Cancellation Request Form



1 Personal Information

Name:

Student Number: Enrolment Date:

Course Code and Name:

Phone: () Mobile Phone: ()

Primary Email*:

2 Reason for Cancellation

please select the main reason you have decided to cancel your course, please also attach evidence to support your application if applicable (medical certificates and letters, etc)

<input type="checkbox"/> Medical condition	<input type="checkbox"/> Financial hardship	<input type="checkbox"/> Incorrect advice at enrolment
<input type="checkbox"/> Changed mind about course	<input type="checkbox"/> Course more difficult than expected	<input type="checkbox"/> Support services
<input type="checkbox"/> Course materials	<input type="checkbox"/> Other (please specify)	<input type="text"/>

If your reason for cancelling your course is not due to personal circumstances please elaborate below:

Signature:

Date: