## **Australian Health and Management Institute**

CRICOS Code: 03595K | RTO Provider ID: 70252



## **Application for Withdrawal/Discontinuation**

No request will be processed until this form is fully completed.							
<ul> <li>No request will be processed if there is overdue fees.</li> <li>Student must submit this form along with any supporting documentation</li> </ul>							
Student will receive outcome in writing within 14 days of receiving completed form							
Section 1 : Personal Details							
Name					Student ID		
Address							
Suburb			Post Code		Country		
Email					Mobile		
<b>Current Course</b>							
Section 2: Request details – I wish to withdraw/continue from the following course/s:							
Course Name/s:							
Section 3: Reason for Withdrawal/Discontinuation							
Complete course early			Vis	Visa refused (evidence of visa refusal attached)			
Transfer to another course at AHMI			Ch	Change of visa subclass (evidence of visa attached)			
Course cancelled			Pe	Personal/family reason (evidence of medicals, travel, etc)			
Transfer to another education provider			Le	Leaving Australia permanently			
(evidence of OfferLetter/CoE attached)  Other (please specify)							
Section 4: Student Declaration							
I,(Applicant) hereby declare that the information contained in this							
application is true. The choice to withdraw/discontinue from studies is mine and I understand that AHMI will report to DHA via PRISMS.							
Signature				[	Date		
	=2.55.4015T						
Section 5: No Dues – TO BE COMPLETED BY AHMI ACCOUNTS TEAM ONLY  DEPARTMENT  DUE – AMOUNT/DATE  NO DUE  SIGNATURE							
	·			INO DUE		SIGNATURE	
ACCOUNTS							
Section 6 : Office Use Only							
Form Received By			Form F	Received Date			
Staff Approval Signat		Approv	Approval Date				
Application Outcome : Approved Declined				Student advised by: Email Phone			
Update PRISMS:	Yes	No	Update	e SMS:	Yes	No	

**Australian Health and Management Institute** 

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