

## Application for Withdrawal/Discontinuation

| <ul> <li>No request will be processed until this form is fully completed.</li> <li>No request will be processed if there is overdue fees.</li> <li>Student must submit this form along with any supporting documentation</li> <li>Student will receive outcome in writing within 14 days of receiving completed form</li> </ul> |  |                   |           |  |            |           |  |  |  |  |
|---|--|-------------------|-----------|--|------------|-----------|--|--|--|--|
| Section 1 : Personal Details  |  |                   |           |  |            |           |  |  |  |  |
| Name  |  |                   |           |  | Student ID |           |  |  |  |  |
| Address   |  |                   |           |  |            |           |  |  |  |  |
| Suburb  |  |                   | Post Code |  | Country    |           |  |  |  |  |
| Email   |  |                   |           |  | Mobile     |           |  |  |  |  |
| Current Course  |  |                   |           |  |            |           |  |  |  |  |
| 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   |  |                   | Vi        | 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<br>(evidence of OfferLetter/CoE attached)  |  |                   | Le        | Leaving Australia permanently                              |            |           |  |  |  |  |
| 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       |           |  |  |  |  |
| Section 5: No Dues – TO BE COMPLETED BY AHMI ACCOUNTS TEAM ONLY   |  |                   |           |  |            |           |  |  |  |  |
| DEPARTMENT  |  | DUE – AMOUNT/DATE |           | NO DUE   |            | SIGNATURE |  |  |  |  |
| ACCOUNTS  |  |                   |           |  |            |           |  |  |  |  |
|   |  |                   |           |  |            |           |  |  |  |  |
| Section 6 : Office Use Only   |  |                   |           |  |            |           |  |  |  |  |
| Form Received By  |  |                   | Form F    | Received Da  | ato        |           |  |  |  |  |

| Form Received By                  |        |          | Form Received Date        |       |
|-----------------------------------|--------|----------|---------------------------|-------|
| Staff Approval Signature          |        |          | Approval Date             |       |
| Application Outcome : Application | proved | Declined | Student advised by: Email | Phone |
| Update PRISMS:                    | Yes    | No       | Update SMS: Yes           | Νο    |

Australian Health and Management Institute ABN 33 151 238 685 Head Office: 43 Marion Street, Parramatta NSW 2150 Australia Ph: +61 (2) 9687 3323 Email: <u>support@ahmi.edu.au</u> Application for Withdrawal/Discontinuation V3 Oct 2020