DISCONTINUATION OF ENROLMENT FORM



USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY

ONLY LODGE THIS FORM IF YOU WISH TO WITHDRAW FROM A COURSE AND TERMINATE YOUR ENROLMENT AT THE INSTITUTE						
Given Name	Family Name					
Date of Birth	Student ID					
Phone Number	Personal Email					
Enrolled in course						
Reason for discontinuation of enrolment						
Attached supporting documentation 1.						
2.						
3.						
I am also lodging an application for a refund	□Yes □No					
STUDENT DECLARATION I have read and understood the Institute's Stude	nt Enrolment Policy and Procedure (International/Domestic as appropriate)					
Applicant's Full Name	in Enrollment Folicy and Frocedure (international/pointesite as appropriate)					
Signature	Date DD / MM / YYYY					

Office Use Only (to be com	pleted by the AIIHE staff)				
Reference Number					
Received on	DD / MM / YYYY	Acknowledged on:	DD	/ MM	/ ****
Responsible officer					
Interview or further information requested	□ Yes □ No	If yes, when:	DD	/ MM	/ YYYY
Outcome of review					
Written response provided to the student on				/ MM	/
Refund payment made on			DD	/ MM	/
Required actions completed on			DD	/ MM	/
Notification of discontinuation of enrolment on PRISMS on (international students only):			DD	/ MM	/