



## WITHDRAWAL FROM COURSE AND CANCELLATION OF COE FORM

| Withdrawal from Course and Cancellation of CoE Form  |  |
|--|--|
| <b>Relevant Standards</b><br>SRTO 2015: 1.7, 5.2<br>The National Code 2018: Standards 2.1.8, 9 | <b>Linked Documents</b><br>Course Completion within Expected Duration Policy<br>Students Complaints and Appeals Policy<br>Course Progress Interview Form |

Student to complete the following sections:

|                        |  |
|------------------------|--|
| <b>Student ID</b>      |  |
| <b>Student Name</b>    |  |
| <b>Current Address</b> |  |
| <b>Course</b>          |  |

|  |                          |     |   |
|--|--------------------------|-----|---|
| <b>Date of Withdrawal</b>  |                          |     |   |
| <b>Reason(s) for Withdrawal</b> (Please provide as much details as possible)<br><b>Note:</b> Attach any supporting documents with this form if necessary |                          |     |   |
| <b>Moving to Another RTO/Institute/Uni</b>   | <input type="checkbox"/> | Yes | <i>Provide a copy of your "LETTER OF OFFER" from new provider</i> |
|  | <input type="checkbox"/> | No  | <i>Provide documentary evidence of the reason(s) stated above</i> |
| <b>Student Signature</b>   |                          |     |   |
| <b>Date</b>  |                          |     |   |

ADMIN use only

|  |                          |                                     |                          |                                |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------------|
| <b>Mandatory Checklist</b><br>(All the | <input type="checkbox"/> | Completed six (6) months at SLIT    | <input type="checkbox"/> | All the fees have been paid    |
|  | <input type="checkbox"/> | Copy of Letter of Offer is received | <input type="checkbox"/> | No pending disciplinary issues |
| <b>Comments, if any</b>                |                          |                                     |                          |                                |
| <b>Approved by</b>                     | Academic Manager         |                                     | <b>Date:</b>             |                                |



|                              |                                     |  |       |
|------------------------------|-------------------------------------|--|-------|
|                              | CEO                                 |  | Date: |
| <b>CoE Cancellation Date</b> |                                     |  |       |
| <b>Follow-up, if any</b>     | Notification of Cancellation of CoE |  |       |

