

Level 8, 310 King Street Melbourne VIC – 3000 RTO: 45989 CRICOS: 04114B Email: <u>info@slit.edu.au</u>

Phone: +61 3 9125 1661

WITHDRAWAL FROM COURSE AND CANCELLATION OF COE FORM

V	/ithdrav	val froi	m Course ar	nd Cancella	ation of	CoE Form	
Relevant Standards SRTO 2015: 1.7, 5.2 The National Code 2018: St					Linked Documents Course Completion within Expected Duration PolicyStudents Complaints and Appeals Policy Course Progress Interview Form		
Studen <mark>t to</mark> complete the fo	ollowing s	ections:					
Stude <mark>nt I</mark> D							
Stude <mark>nt N</mark> ame							
Current Address							
Course						16	
Date of Withdrawal							
Reason(s) for Withdrawal (Please provide as much details as possible) Note: Attach any supporting documents with this form if necessary	K) T (Y	TEC	HN	VIE OLOGY	
Moving to Another		Yes Provide a copy of your "LETTER OF OFFER" from new provider				ER" from new provider	
RTO/Institute/Uni		No	No Provide documentary evidence of the reason(s) stated above				
Student Signature	\	V L		IO LI	DE		
Date	¥	×			x ×		
se only			7 4				
Mandatory Checklist (All the	Completed six (6) mo			ths at All the fees have been paid			
		Copy of Letter of Offer is received			No pending disciplinary issues		
Comments, if any		1					
Approved by	Acadei	Academic Manager				Date:	



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	CEO		Date:
CoE Cancellation Date			
Follow-up, if any	Notification of Cancellation of	COE	



KNOWLEDGE IS ENDIESS