

Student requesting to withdraw form

This form is to be completed by Acacia students. Please record your reason for withdrawing in detail. Email this form Training Development Manager: kimm@acaciaeducation.com

Trainer Name		Course	
Student Name		Student Contact number	
Student Email address		Classroom Location (if applicable)	
Postal Address			
Reason for withdrawing from this course/unit of study:	<input type="checkbox"/> Commenced Another Course <input type="checkbox"/> Exited Provider <input type="checkbox"/> Health Barriers <input type="checkbox"/> Misconduct <input type="checkbox"/> Never Commenced <input type="checkbox"/> No engagement <input type="checkbox"/> Transport Issues <input type="checkbox"/> Gained Employment <input type="checkbox"/> Relocated <input type="checkbox"/> Not Coping <input type="checkbox"/> Other (please detail)		
	Additional information: _____ _____ _____		
Assessments in possession		Submitted to trainer	

Student declaration	Trainer/Assessor details
I understand that by submitting this form my enrolment / unit of student will be cancelled. Student Signature: _____ Date: _____	Name: _____ Signature: _____ Date: _____
<input type="checkbox"/> Student and Provider acknowledged withdrawal; evidence attached	Date: _____

Office Use Only		
Trainer contacting student		Trainer contacted student
Date	Method	Notes

Please inform the student of each item listed. Tick as student understand and acknowledges each item

- All applicable student fees remain payable by student or third party
- Any certification will be withheld until student fee is paid in full
- Job provider/ employment consultant will be informed (if applicable)
- Arrangements made for any completed, partially completed or not yet started resources to be sent to Head Office/trainer