

RTO NO: 41204; CRICOS CODE: 03427D

ABN: 57 169 281 501 E: admissions@sydneymetrocollege.edu.au W: www.sydneymetrocollege.edu.au Sydney (Head Office): Level 2, 16-22 Wentworth Avenue Surry Hills NSW 2010 T: 02 8937 0991

> Level 5, 440 Elizabeth Street, Melbourne VIC 3000 T: 03 0 9077 0758

Application to Withdraw

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Student ID:	Student Name:				
Phone:	Email:				
Course Name:					
Address:					
Student Withdrawal Request					
I (Print Name)	Student Number				
am enrolled at Sydney College and wish to apply to withdraw my studies in my course(s) stated below (List all courses you wish to withdraw from):					
	COLLEGE				
I commenced my studies / was scheduled to commence my studies on and my last day					
of actual attendance is					
Student Reason for Withdrawal (Please detail your reason(s) for wishing to withdraw from your course(s) and attach any supporting documentation to support your request. Attach additional sheets if necessary)					



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By signing this document, you are indicating tha	t you are aware of Sydney Metro College's Student			
	Student Refund Policy and terms and conditions			
stipulated in your Offer Letter and Student Acce	ptance Agreement.			
I (Print Name)	declare that all information and supporting			
documentation	Y / (A + A + A + A + A + A + A + A + A + A			
provided by me is true and correct. I understand	that providing false information to Sydney Metro College			
many many life in terms in a time of many any allower to and /a				
may result in termination of my enrolment and/c				
	Education Redefined			
Student Signature:	Date:			
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Please note: If you are on a student visa and you	r cancellation request is approved, government			
legislation requires Sydney Metro College to inform the Department of Home Affairs of the cancellation.				
This may affect your student visa.				

Office use only				
Student Services /	Comments:			
Admissions Department	Name:	Signature:	Date:	



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Tuition Fees Clear: Yes / No Admin Fees Clear: Yes / No						
Accounts Department	Comments:					
	Name:	Signature:	Date:			
Action Taken By	Name: Position:	Signature:	Date:			
Application						
Comments:						
SYDNEY METRO						
COLLEGE						
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