

NOTIFICATION OF DISCONTINUATION FORM



Complete this form in BLOCK LETTERS.

Note: Only complete this form if you want to cease studying at the Analytics Institute of Australia (AIA)

PERSONAL DETAILS

Family name:	<input type="text"/>
Given name(s):	<input type="text"/>
Student ID Number:	<input type="text"/>
Postal Address	<input type="text"/>
Email Address:	<input type="text"/>
Contact Number:	<input type="text"/>
Course Name:	<input type="text"/>
Date of Discontinuation:	<input type="text"/>

REASON FOR DISCONTINUATION

- Dissatisfaction with the Course
- Financial
- Health
- Study Difficulties
- Employment
- Transferring to Another institution
- Personal
- Other (please specify)

Explanation of reason for discontinuation:

Please note: If You discontinue the confirmation will be sent to your student email account.

ACCEPTANCE

I accept that upon discontinuation, any active Confirmation of Enrolment (CoE) will be cancelled and that the Department of Immigration and Border Protection (DIBP) will be notified and that I will have 28 days to leave the country or be granted admission at an alternate institution.

I accept the terms mentioned above.

Student Signature:

Date:

FOR OFFICE USE ONLY

Signature of
processor:

Date:

PRIVACY STATEMENT

Analytics Institute of Australia collects personal information about you for the purposes of administering your enrolment in your chosen education course(s) or unit(s) of study. We may not be able to process your request if you do not provide all the information requested on this form. We may disclose personal information about you in accordance with our Privacy Policy including to your education agent, and to the Australian government as required or authorised by law. Our Privacy Policy contains detailed information about how you can access and correct the personal information we hold about you or make a privacy complaint.