

WITHDRAWAL FROM COURSE FORM



Complete this form in BLOCK LETTERS and submit to Student Services Team via email at studentservices@analyticsinstitute.edu.au

Please note: **No refund may be applicable after commencement.** (For further information refer to the Academic Calendar on the Analytics Institute of Australia website), [AIA Fees, Charges and Refund Policy](#) and [AIA Course Withdrawal Policy](#)

International student visa holders are advised that Withdrawing from the course may impact their student visa. Application for Withdrawal from the course is not complete until you have returned this form along with supporting documentation. Additionally, if the student has enrolled at AIA within the previous six (6) months from submission of this form, the student may be required to submit a release request in accordance with relevant visa regulations.

PERSONAL DETAILS

Family name:	<input type="text"/>
Given name(s):	<input type="text"/>
Student ID Number:	<input type="text"/>
Email Address:	<input type="text"/>
Contact Number:	<input type="text"/>
Course Name:	<input type="text"/>
Are you an international student holding a student visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you cleared outstanding fee dues:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you submitted the release letter request (if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No

WITHDRAWAL DETAILS

Reason	<input type="checkbox"/> Compassionate	<input type="text"/>
	<input type="checkbox"/> Compelling	<input type="text"/>
	<input type="checkbox"/> Transfer to another provider	<input type="text"/>
	<input type="checkbox"/> Visa refusal	<input type="text"/>
	<input type="checkbox"/> Other	<input type="text"/>
Other Comments	<input type="text"/>	
Withdrawal Date	<input type="text"/>	

STUDENT DECLARATION

I hereby state that the above information provided by me is true and correct.

Student Signature: Date:

List of Supporting Documents accepted along with this form

For Compassionate reasons, a document stating:

- Serious Illness or Injury (Self or Immediate Family)
- Death of a Close Family Member
- Family or Domestic Violence
- Mental Health Crisis
- Natural Disaster or Major Incident Affecting Family/Home
- Family Breakdown or Divorce
- Unexpected Caregiving Responsibilities
- Pregnancy or Childbirth Complications
- Cultural or Religious Obligations (Due to Crisis or Loss)
- Significant Trauma or Personal Hardship

For Compelling reasons, a document stating:

- Medical Certificates or Reports
- Death Certificate or Funeral Notice
- Police Reports
- Statutory Declarations
- Legal Documents
- Letters from Social Workers or Government Agencies
- Travel or Visa Documents
- Letter from Religious Leader or Community Elder

For Transfer to another provider:

- Letter of Offer

For Visa Refusal:

- Copy of refused visa, issued by Department of Home Affairs

FOR OFFICE USE ONLY

This section MUST be completed by ADMISSIONS DEPARTMENT

Approval Status

Approved

Rejected

Reason (if rejected)

Approved by

Signature

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.