Withdrawal of Enrolment Form

AAPoly Programs



Please write in CAPITAL LETTERS using only in a black or blue pen

Section A: Persor																
AAPoly Student ID:																
First Name:																
Family Name:																
Visa Type																
Australian Contact Information:																
Mobile Number:																
Personal Email:																
	@															
Australian Residential Address during the semester:																
Street No. / Name:																
City / Suburb:																
Postcode:																
Section B: Program Details																
Program Name:																
Program Name: Date Started:	D	D	/	M	M	/	Υ	Υ	Υ	Υ						
	D D	D D	1	M	M	1	Y	Y	Y	Y						
Date Started:								_		-						
Date Started: Date Due to Finish:	D D	D D	1	M	M	1	Υ	Υ	Υ	Υ						
Date Started: Date Due to Finish: Date Withdrawn	D D	Witho	/ drawa	M M al of E	M M Enrolr	/ ment	Y Y	Y Y	Y Y	Y	rke Str	eet ca	mpus.			

^{*}Please note that if you withdraw after the census date, you will also be liable for all fees associated with the subjects*

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Original version: 12/10/2012

Current version: 26/05/2017

Review Date: 30/06/2018

Section E: Student Declaration

The information provided on this form is collected for the primary purpose of processing your Withdrawal of Enrolment. I declare that I have read the instructions and that the information submitted on and with this form is complete and accurate in all respects. I acknowledge that the provision of incorrect information may result in the withdrawal by Academies Australasia Polytechnic Pty Limited (AAPoly) of any place which may be offered. I acknowledge that I am bound by the statutes and regulations of AAPoly and I agree to pay all fees charged directly to me arising from this enrolment. I acknowledge that AAPoly may correspond with me via official student notice boards or to my nominated mailing address or to the email account I nominated during my enrolment. I have read the AAPoly statement (available at http://www.aapoly.edu.au/student-policies) on privacy and the purposes for which my personal information will be used. I understand that if my application is not approved, I can access the Complaints and Appeals procedure (available at http://www.aapoly.edu.au/gcprocedure).

I authorise AAPoly to amend my enrolment, effective from the date this form is lodged. I understand that changes to my enrolment may affect my visa status and that AAPoly may notify the Department of Immigration and Border Protection (DIBP) if my study load is reduced.

Student Signature:		Date:	DD / MM / YYYY	
Office use only				
Form received by:		Date:	DD / MM / YYYY	
Payment received by:		Date:	DD / MM / YYYY	
		_		
Approved & Signed by:	Head of Department / Program Coordinator	Date:	DD / MM / YYYY	
Notes:				
✓ Paradigm Updated	✓ Class list updated ✓ Li	MS Updated	✓ PRISMS Updated	
Fees Paid in Full	✓ Confirmation Letter ✓ F	aculty Head notified	_ _	