

WITHDRAWAL FORM – VET FEE-HELP/VET STUDENT LOANS

To be completed by the student and returned to Access Group Training.

Please note in order not to incur fees/debt you must withdraw from your unit of study before the census date. The date on which the student is deemed to have withdrawn from their Unit of Study, is the date that the Student Withdrawn Form (or letter of Intention to Withdraw) is received by AGT.

PERSONAL DETAILS			
Given Name:	Surname:	Date of Birth:	
Address:	Suburb/Town:	State:	Post Code:
Home Phone:	Mobile:		
COURSE DETAILS			
Course name:			
Course start date:	Student Code (VETtrak):		
WITHDRAWAL DETAILS – PLEASE TICK YOUR REQUEST, COMPLETE WITHDRAWAL REASON & SIGN BELOW.			
<input type="checkbox"/> 1. Withdrawal from Unit of Study <u>on</u> or <u>before</u> the <u>census date</u> Refund applies if payment has been made / no Fee HELP debt incurred. <input type="checkbox"/> No course fees have been paid up front and therefore no refund required. OR <input type="checkbox"/> I have paid course fees to the amount of _____ and I am requesting a refund. OR			
<input type="checkbox"/> 2. Withdrawal from Unit of Study <u>after</u> the <u>census date</u> No refund is applicable / the student has incurred a Fee HELP debt. OR			
<input type="checkbox"/> 3. Special circumstances - Withdrawal from Unit of Study <u>after</u> the <u>census date</u> If applying for Special circumstances for incurred debt to be re-credited after census date please read the <i>Student Review Procedures for Re-Crediting a FEE-HELP Balance</i> . Explain the special circumstances below. You may be contacted for further information. Withdrawal reason (Please write reason below & attach any supplementary documentation to support your request): Tick reason category: <input type="checkbox"/> Personal or health reasons <input type="checkbox"/> Change of mind <input type="checkbox"/> Course not what I expected <input type="checkbox"/> Not satisfied with training <input type="checkbox"/> Other:			
STUDENT SIGNATURE			
Student Signature:		Date:	
ADMINISTRATION USE ONLY			
Total number of Assessment Units completed:		Group Ref no.	
Date Withdrawal Form Received:		Lead/Partner:	
Resources to be collected (please tick): <input type="checkbox"/> No <input type="checkbox"/> Yes		Withdrawal Approved by:	Date:
COMMENTS:			
FINANCE DEPARTMENT USE ONLY			
Refund processed: <input type="checkbox"/> No <input type="checkbox"/> Yes		Date re-credited:	