

The Health Arts College Pty Ltd Head office

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Withdrawal form

Important Instructions

- The form is submitted to the Administration Department for approval.
- ✓ Outcome will be notified to you within 10 working days from the date of receipt of complete application
- ✓ You should read the policy carefully to establish your eligibility for this form
- ✓ If you change your address during the period of withdrawal please contact us to ensure your address details are updated for future correspondence
- ✓ Before your application will be considered, you must complete all the sections below and attached the documents, relevant to your application

Personal Details			
Family Name:		Gender:	Male □ Female □
Given Name:		Date of Birth:	
Address:		Duto of Di	Post Code:
Student ID No:	Group:	Mobile:	
Email:			
Course:			
Please tick the appropriate reason □ Financial Problem □ Unable to cope with the course taught □ Illness □ Family Obligations □ Family Bereavement □ Personal Matters □ Others (Specify):			
Student Declaration			
 I declare that the information provided above is true and complete. I understand that if I am enrolled under VET FEE HELP and withdraw after census date, I will incur a HELP Debt I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the process of my application 			
Student Signature:		Date:	
Office Use Only			
Outcome: Approved From Date: Confirmation of Withdrawal date see Comments (if Applicable)		_	
Administration Officer Signature:			Date: