## Course Withdrawal/defer/amendment Form





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1. Student Details									
Name:									
Contact Tel:					1	Mobile:			
Email:									
Qualification / Course:					(	Course Da	ite:	/	/
2. Change Details									
I wish to withdraw from this course. I understand I need to abide by the Refunds Policy.									
Withdrawal Date:	/	/							
Withdrawal Reason:									
Signature						Da	te:	/	/
I wish to Transfer to another course date. I understand my transfer will be subject to course availability.									
Transfer to Date:	/	/	or	/	/				
Transfer Reason:									
Signature						Da	te:	/	/
I wish to Transfer to another Delivery Mode. I understand there may be further fees involved.									
Transfer to Date:	/	/	or	/	/				
Transfer Reason:						New Deli Mod	very	Classroom Correspondence Online	
Signature						Da	te:	/	/
I wish to Defer my enrolment in this course. I understand that my enrolment has an expiry date.									
Defer to Date:	/	/							
Deferral Reason:									
Signature						Da	te:	/	/
3. Authorisation									
Requested Change has been approved?									
Signature:	Position:								
Print Name:	Date Processed:								
Admin Use Only									
Changed in SMS:	Yes	No			Date:			/ /	
Logged By:					Signature:				
Formal Letter/Email Sent:	Yes No			Date:			/ /		
Sent By:				Signature:					