



Course Withdrawal Application

Student Details

Date: _____

Student ID (If issued) : _____ Date of Birth: _____

Family Name : _____

Given Names: _____

Contact Details: (Mob.) _____ Email: _____

Course Name : _____

Course Start Date : _____ End Date: _____

Effective from Date: _____ Term: _____

I AM APPLYING FOR A COURSE WITHDRAWAL ON ACCOUNT OF (PLEASE INDICATE THE MAIN REASON):

- FINANCIAL REASONS
- ACADEMIC DIFFICULTY
- FINANCIAL REASONS
- HEALTH REASONS
- PERSONAL/FAMILY REASONS
- QUALITY OF TEACHING
- HIGHER PREFERENCE FOR ANOTHER INSTITUTION
- OTHER (PLEASE SPECIFY)

Detailed Reason: _____

I am aware that the approval of this application means that I cease to be a student at Astral Skills Institute of Australia. I understand that this is not a release.

I, _____ have read Astral Skills Institute of Australia (ASIA)'s Fee Refund Policy. I agree to the terms and conditions mentioned in the policy.

Student Signature: _____ Date: _____

THE EARLY CHILDHOOD LEARNING COMPANY PTY. LTD. T/A ASTRAL SKILLS INSTITUTE OF AUSTRALIA

ABN: 80 600 951 264

RTO: 41322

CRICOS: 03858C



Level-6, Suite 6.01/138 Queen Street,
Campbelltown, NSW 2560



(02) 4608 9972



info@asia.edu.au
www.asia.edu.au

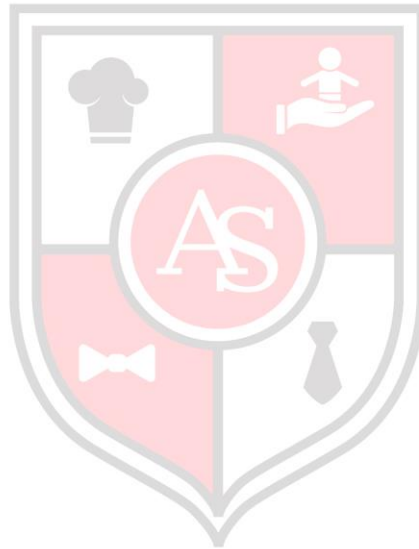
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Office Use Only :

Approved Date: _____

Approved By: _____ Signature: _____



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