



ASIA

ASTRAL SKILLS INSTITUTE OF AUSTRALIA
RTO Code: 41322 | CRICOS No: 03858C

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 COMPANY PTY. LTD. T/A ASTRAL SKILLS INSTITUTE OF AUSTRALIA (ASIA)

ABN: 80 600 951 264

RTO: 41322

CRICOS: 03858C



Head Office: Level 5, Suite 513A,
Westfield Parramatta, NSW 2150



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www.asia.edu.au

Version 2.0
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RTO Code: 41322 | CRICOS No: 03858C

Office Use Only:

Approved Date: _____

Approved By: _____ Signature: _____

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