

COURSE WITHDRAWAL



Please use this form if you wish to withdraw from your course.

Personal Details	
Surname/Family Name	
Given Names	
Postal Address	
State	Postcode
Telephone	
Mobile	
Email	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	
Course Details	
Current Course Studying at CEAV Institute	

Reasons for Withdrawal

(Please provide all relevant documentation to support your withdrawal request. Eg medical certificate)

Student Declaration

I certify that all details provided on this complaints/appeals form are correct.

Signature _____ Date _____

COURSE WITHDRAWAL



Office Use only CEAV Institute

Training Manager to complete:

Application approved: Yes No

Signature _____ Date _____

Comments:

Student Notified Date _____

The form is to be lodged either by post, email or fax to:

CEAV Institute, RTO Administrator, PO BOX 245, Greensborough VIC 3088

Ph: (03) 9433 8000 Email: tmontalto@ceavinstitute.edu.au

Privacy Declaration: CEAV Institute seeks this information for the purposes of processing your application. This information will only be used by the CEAV for the purposes for which it is intended. You have the right to access your records at any time by contacting the CEAV on Ph 03 9810 6400 during business hours or downloading the appropriate form on www.ceavinstitute.edu.au

Complaints and Appeals: If at any stage during your application/ enrolment or course delivery/assessment you feel dissatisfied you have the right to complain or appeal any decision that you disagree with. All policies, procedures and forms for complains/appeals are available on www.ceavinstitute.edu.au