



APPLICATION TO WITHDRAW FROM STUDY 2018

Please return this form to Neroli Hollis, Academic Registrar, registrar@carey.ac.nz or post to Carey Baptist College, PO Box 12149 Penrose, Auckland 1642

Student Name

What is your permanent/home postal address?

Street number and name

Email

Suburb

Town/City

Student ID Number (if known)

Postcode

PLEASE LIST ALL THE COURSES THAT YOU WISH TO WITHDRAW FROM

Semester One

Course #	Course Name
e.g MB 531	e.g Introduction to the Old Testament

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STUDENT SERVICES	% COURSE FEE REFUND

Semester Two

Course #	Course Name

STUDENT SERVICES	% COURSE FEE REFUND

REASONS FOR WITHDRAWING FROM STUDY

I have read the Tuition Fees Regulations and Enrolment & Programme Regulations in the Academic Regulations & Calendar Yes No

I have received a student loan for the above course/s* Yes No

I enclose/have paid the administration fee of \$50 Yes No *If yes, attach receipt*

Signature of Student

signature

day month year

Academic Registrar

signature

day month year

Academic Director

signature

day month year

*We are required to advise WINZ if you cease to attend courses or submit assignments, formally withdraw from a programme or fail to maintain qualification requirements.

OFFICIAL USE ONLY

Finance

Public Trust

Carey Online