

APPLICATION TO WITHDRAW FROM STUDY 2018 CAREY GRADUATE SCHOOL

udent 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 WITHI	DRAW FROM					
Semester One Course # Course Name				OFFICIAL USE ONL	Y	
e.g MA 801 e.g Research Methods				STUDENT SERVICES	% COURSE FEE REFUND	
REASONS FOR WITHDRAWING FROM STUDY						
I have read the withdrawal policy in Calendar 2018.	Yes No	0				
I have received a student loan for the above course/s*	Yes No	0				
Signature of Student						
3,000						
signature		day	month	year		
Academic Registrar						
		day	month	year		
signature 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 LISE ONLY						
OFFICIAL USE ONLY Finance Public Trust			Carey On	line		