

# APPLICATION TO WITHDRAW FROM STUDY 2019

Please return this form to Neroli Hollis, Academic Registrar, [registrar@carey.ac.nz](mailto: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

<b>Course #</b> e.g. MB 630	<b>Course Name</b> e.g. Understanding Culture
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#### OFFICIAL USE ONLY

STUDENT SERVICES	% COURSE FEE REFUND
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### Semester Two

<b>Course #</b>	<b>Course Name</b>
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STUDENT SERVICES	% COURSE FEE REFUND
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## 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