



CAREY
THEOLOGY. APPLIED.
Te Karaiti Ihirihi O Carey

APPLICATION TO WITHDRAW FROM STUDY 2019

CAREY GRADUATE SCHOOL

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
<i>e.g MA 801</i>	<i>e.g Research Methods</i>

OFFICIAL USE ONLY

STUDENT SERVICES	% COURSE FEE REFUND

REASONS FOR WITHDRAWING FROM STUDY

I have read the withdrawal policy in Calendar 2019. Yes No

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

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