| ../../ACAS%20Logo%20Blue.pngAustralian Centre for Advanced Studies |
| --- |
| Course Withdrawal/deferral/amendment Form |
| **Section 1 – Client Details**  |
| **Name:**  |  |
| **Contact Tel:** |  | **Mobile:**  |  |
| **Email:**  |  |
| **Qualification / Course:** |  | **Course Date:**  |  / /  |
| **Section 2 – Change Details**  |
| [ ]  **I wish to withdraw from this course**. I understand I need to abide by the Refunds Policy. |
| **Withdrawal Date:**  |  / /  |
| **Withdrawal Reason:** |  |
| **Signature** |  | **Date:** |  / /  |
| [ ]  **I wish to Transfer to another course date.**  I understand my transfer will be subject to course availability.  |
| **Transfer to Date:**  |  / / or / /  |
| **Transfer Reason:** |  |
| **Signature** |  | **Date:** |  / /  |
| [ ]  **I wish to Transfer to another Delivery Mode**. I understand there may be further fees involved. |
| **Transfer Date:**  |  / /  |
| **Transfer Reason:** |  | **New Delivery Mode:**  | [ ]  Classroom [ ]  Correspondence [ ]  Online  |
| **Signature** |  | **Date:** |  / /  |
| [ ]  **I wish to Defer my enrolment in this course**. I understand that my enrolment has an expiry date. |
| **Defer to Date:**  |  / /  |
| **Deferral Reason:** |  |
| **Signature** |  | **Date:** |  / /  |
| **Section 3 – Authorisation**  |
| Requested Change has been approved?  | [ ]  Yes  | [ ]  No |
| **Signature:** |  | **Position:** |  |
| **Print Name:** |  | **Date Processed:** |  |
| **Admin Use Only** |
| **Changed in SMS:** | [ ]  Yes  | [ ]  No | **Date:** |  / /  |
| **Logged By:** |  | **Signature:** |  |
| **Formal Letter/Email Sent:** | [ ]  Yes  | [ ]  No | **Date:** |  / /  |
| **Sent By:** |  | **Signature:** |  |