## Record-keeping – ALL direction to withdraw and evidence related to withdraw reasons must be kept against SMS student record

APPLICATION to WITHDRAW																			
Name											Stude	ent II	D						
Email											Phon	ie							
Withdraw from the entire cou					e?		Yes		No		With	draw	/ Date						
National ID or Course ID				C	Course Title														
Unit National ID or Course ID				Dι	Unit Title														
				+															
Withdraw R  1. Unit cancelle 2. Incorrectly e 3. Medical (me	ed or re enrolled edical co	eschedule d (college ertificate	ed to t e error e requi	time u r)		ble to st	cudent						SRTAFE co						
If applicable, REFUND details:  Account name										Bank									
BSB number						-			Ad	ccount	No.								
								OFFIC	E USE (	ONLY									
Payment Plan	Plan Yes No					Date IF PP cancelled				USIQ/CAVSS			Yes		Withdrawn	Yes		No	
I certify that this account is correct in respect of the requirements of Treasurer's Instruction 304(4)(i) to (vii)																			
Signature ncurring officer							Transaction Request No				Ref	Refund/credit		\$	\$				
Process date				Co	mmer	nts													
	I certify that this account is correct in respect of the requirements of Treasurer's Instruction 304(4)																		
Signature Certifying Officer (Finance)									Date										

Uncontrolled when printed

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