

Course Withdrawal Form



This form is to be completed by the student when they are applying for a course withdrawal to I.G Institute. The student is to access I.G Institute Course Withdrawal and Fees and Refunds Policy on our website www.igi.nsw.edu.au prior to submitting this form to see if you meet the criteria set.

Personal Details

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other: _____
Given Name:					Preferred Name:
Surname:					Date of Birth:
Email:					Contact Number
Address:					

Course Details

Please see the list of course(s) below and select the one that applies to you

Start Date of Course:	Date of last class attended:
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Course Fees Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid:

Reason for Withdrawal

You are required by ticking one of the boxes below to indicate as to WHY you are requesting and submitting an application to withdraw your course from I.G Institute.

If you require any further information regarding to you request please email our staff on admin@ttcollege.com.au

- Withdrawing from course due to academic difficulties
- Withdrawing from course due to personal reasons
- I wish to withdraw from the course due to the illness and won't be able to keep up with my studies
- My enrolment has been cancelled by I.G Institute due to a breach of the Student Code of conduct
- Transferring to another training provider
- other

Please provide further details below of the reason you wish to withdraw:

Student Bank Details:

Bank Name:	Account Name:
BSB Number:	Account Number:
Bank Address:	

Student Declaration

The completed Withdrawal Form is to be submitted into I.G Institute Student Services and/ or by emailing admin@intausgroup.com.au

I acknowledge that:

- all the information provided within this "Withdrawal Form" is correct and that I have read and understand and agree to be bound by the I.G Institute Withdrawal/ Refund Policy.
- the provision of incorrect information or the withholding of relevant information relating to my Withdrawal Request may result in a delay in the process of my outcome.
- Withdrawal Request will be processed within 2 weeks (10 working days) only after I have supplied all relevant documentation.
- this Withdrawal request will be assessed in accordance with the Withdrawal and Refund Policy provided at enrolment within the written agreement, which I have read, agreed and signed at the time of my enrolment.

Signature: _____

Date: _____

OFFICE USE ONLY

Refund Request Decision Record - TTC Management to complete

- Approved full refund – 100% of Tuition Fees and other Student Fees except the Enrolment Fee
- Approved partial refund - % of Tuition Fee and other Student Fees except the Enrolment Fee.
- Declined – No refund - reason:

Principal Signature:

Date:

Refund Calculation Table

Finance officer to complete

Fee Type	Amount Received	Date received	Approved Refund %	Refund Amount
Tuition Fee				
Material Fee				
Others				
Less Bank Charges				
Total Amount Received	<input type="text"/>		Total Refund Amount Payable	<input type="text"/>

Prepared by:

Recorded on Student Management System

TTC Staff signature:

Date:

Refund Payment Record

Paid Amount:

Reference:

Date of Payment:

Payment Prepared by:

Recorded on Student Management System

Funds transferred receipt and a copy of this from sent to student