



WITHDRAWAL FROM PROGRAM

Before starting to complete this form we would value the opportunity to discuss possible options available to you across the University of Adelaide College to assist you in continuing your studies with us. Please contact the Student Services team via collegeservices@adelaide.edu.au.

This form is to be completed if you are applying to withdraw from a program. International students should refer to the Student Withdrawal Restart Repeat Policy available on the University of Adelaide College website before completing this form.

Use BLOCK LETTERS when completing this form and please keep a copy.

Student information		
Title Mr Ms Other		Gender
Family name	First name(s)	
Date of birth $(d/m/y)$	Student ID	
Telephone (home/mobile)	Email	
Full address		
City	State/province	Postcode
Country	Program	
☐ International ☐ Domestic	Program commenced	☐ Yes ☐ No
Please choose campus		
Withdrawal information I hereby give notice to the University of Adelaide College that I am withdrawing from my en	rolled program due to the following reason	on:
☐ I intend on returning to my home country ☐ Date ☐ I intend to remain in Australia to undertake other full-time study (please inform the Use ☐ I have paid all of my fees ☐ I am aware of potential financial/academic penalty associated with withdrawing from to ☐ I am a sponsored student and have provided written approval from my sponsor A status of Withdraw Fail will appear on your academic transcript if this request is received Studies program, and after week 5 of the English Language Program.	he program after week 6 of the Degree Transfer Brid	iging or Pre-Masters program, after week 8 of the Foundation
For Degree Transfer Standard/Accelerated and Pre-Masters Accelerated students, a status of after the University census date.	Withdraw Not Fail or Withdraw Fail wi	Il appear on your academic transcript if this request is received
Student declaration All students I have read and understood the relevant refund policy located at www.college.adelaide.edu.ar International students I am aware that my notification of withdrawal will be reported to the Department of Home Affai Signature of student		processed, and this may result in the cancellation of my visa. Date
Signature of parent if student is under 18		Date
Parent's name	☐ Sponsor approval in writing	
Return this form to the University of Adelaide College, 132 Grenfell Street, Adelaide SA 5000	O Australia or via collegeservices@adelaid	le.edu.au.



Notification of Withdrawal from Program

OFFICE USE ONLY	
STUDENT SERVICES	
☐ Student counselled about decision Refund applicable ☐ Yes ☐ No ☐ Diary entry	
WITHDRAWAL FROM PROGRAM	
☐ Changes made to Edupoint and/or Celcat ☐ Email Academic Manager and copy teachers and Business Systems Coordinator ☐ University of Adelaide CoE cancelled ☐ This form has been scanned and placed in the Student Record Folder ☐ Peoplesoft enrolment amended	
Student Services Staff	Date