

WITHDRAWAL FROM COURSE

Please write clearly in CAPITAL (BLOCK) letters				
Student Number: Date: Date: Date:				
Course Name:				
Family Name: Date of Birth: Date of Birth:				
Given Name(s):				
Australian Residential Address: Unit No Street No Street Name				
Suburb/ Town State Postcode				
Mobile: Contact Email:				
If you want a Release, Transcript or any other documents, please complete a 'Document Request Form' (available at Reception, Level 1, 31 Market St and on the KOI website Policies and Forms tab www.koi.edu.au). Please indicate your reasons for this request:				
Insufficient English for course requirements – Please attach a copy of Letter of Offer for English Course				
Change of Visa status (e.g. PR, 457 etc.) – Please attach a copy of Visa Grant Letter				
Change of provider - Offer letter / eCoE from another school - Please attach a copy of Letter of Offer (If you have not completed 6 months of study, please request a release using "Document Request Form")				
Medical reasons – Please attach a medical certificate				
Return to home country - Please attach a copy of the air ticket				
Other – please briefly explain				
Student Signature: Date: DD M M Y Y Y				
Please provide feedback of your time at KOI. This will be used to improve the provision of our courses.				



OFFICIAL USE ONLY

Exit Interview Date:				
Received By:		Processed By:		
Date:		Date:	D D M M Y Y Y	
Exit Interview Note:				