



Melbourne College of Hair & Beauty  
teaching excellence since 1962

**Submission time frame for approval: Submit form  
NO less than 14 working days prior to cancelling or  
withdrawal commencement date.**

## Withdrawal/Cancellation Application Form

Cancellation/withdrawal is when a student is removed from the current course enrolment before they have formally completed the planned training. This student will not be eligible for any subsequent courses for which they may also be registered. A cancellation/withdrawal can be initiated by the student or the RTO.

If your contact details have changed since you lodged your application, please provide new details and send it to MCOHB in person at reception or via email to [studentadmin@MCOHB.edu.au](mailto:studentadmin@MCOHB.edu.au) otherwise we may not be able to contact you with important information.

DOMESTIC STUDENT     INTERNATIONAL STUDENT

### Applicant Details

Student ID:

Date of Birth:

Family Name (as per enrolment registration):

Given Name (as per enrolment registration):

mobile phone:

email:

### Course enrolment Details

Course code:

Course title:

Course start date:

Course finish date:

### Withdrawal/Cancellation date:

Requested Withdrawal/cancellation date:

**Following information MUST be completed otherwise application request will be delayed**

### Current Home/Residential Address:

Building/Property Name: Flat/Unit No. Street/Lot No.

Street Name: Suburb/Town:

State/Territory: Postcode:

Unique Student Identification (USI) Number:

--	--	--	--	--	--	--	--	--	--

**N.B If we do not have your USI we can not issue an AQF certificate**

#### What is the reason / circumstance for cancellation/withdrawal application

Wanting to change course and train with another provider. Name of other training provider & RTO ID Number; (if wanting to train with another provider applicant **MUST** provide Letter of Offer from other provider)

Family/Personal/Financial Reasons

Refused student visa

Nonpayment of tuition fees

Medical Reason/s

misbehaviour by the student

breach of course progress or attendance Requirements

Course cancelled or rescheduled by MCOHB (provider default)

Other compassionate and compelling circumstances Please specify):

---

**Student declaration:**

- I have read and fully understand MCOHB Deferral, Suspension, Cancellation Policy.
- I understand that completing this form does not guarantee cancellation/withdrawal from studies when application has been requested by me.
- I understand that I have a right to appeal through MCOHB's internal complaints and appeals process, in accordance with Standard 10 (Complaints and appeals) of the National Code of Practice for Providers of Education and Training to Overseas Students 2018, within 20 working days of this application not being approved.

***For international students: If approved MCOHB will report your cancellation/withdrawal to Department of Home Affairs which may affect the status of your visa. If you require more information as to how this action may affect your visa status, contact the Department of Home Affairs.***

Student signature:

Date of application:

**Office use: N.B Applications MUST be approved by the Director of Studies or their delegate before education agent is notified and submission to the finance dept. for refund calculation if applicable.**

Required evidence attached  YES  NO

**Examples of required evidence: Notice from Home Affairs refusing visa application, airline tickets departure & return if student is required to return home, medical certificate, finance notice of nonpayment of tuition fees, other provider Letter of Offer.**

**Approved:**  YES  NO

If not approved why?

Director of Studies/delegate signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date request received: \_\_\_\_\_ Received by: **(MCOHB staff name)**

MCOHB staff member position: \_\_\_\_\_

Student file updated:  YES  NO Date updated: \_\_\_\_\_

MCOHB staff member who updated student file: \_\_\_\_\_

Staff member name: \_\_\_\_\_

SMS updated  YES  NO Date updated: \_\_\_\_\_

Admin officer Name: \_\_\_\_\_

PRISMS updated  YES  NO Date updated: \_\_\_\_\_

Admin officer Name: \_\_\_\_\_

Students' education agent notified:  YES  NO

If Yes: Date notified: \_\_\_\_\_ Method education agent notified: \_\_\_\_\_

Letter  email  phone