

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

Cancellation/Withdrawal 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 admin@MCOHB.edu.au otherwise we may not be able to contact you with important information.

	LI DOMESTIC STUDENT	LINTERNATIONAL STUDENT				
Applicant Details						
Student ID:	Da	Date of Birth:				
Family Name (as pe	er enrolment registration):					
Given Name (as per	enrolment registration):					
Phone:	mobile phone:	student email:				
Course enrolment	<u>Details</u>					
Course code:	Course title	Course title:				
Course start date:	Cor	urse finish date:				
Cancellation/Withd	Irawal date by applicant:					
Requested cancellate	tion date:					

What is the reason / circumstance fo	r cancellatio	on/withdrawal application
$\hfill\square$ Course cancelled or rescheduled by	MCOHB (pro	ovider default)
☐ Family/Personal/Financial Reasons		Refused student visa
☐ Nonpayment of tuition fees		Medical Reason/s
☐ misbehaviour by the student	□b	preach of course progress or attendance
	R	Requirements
☐ Wanting to train with another provide	r.	
		s OR wanting to train with another provider (Please plicant MUST provide Letter of Offer from provider)
Student declaration:	OUP Deferre	J. Sugnancian Concellation Bolisy
☐ I have read and fully understand MC	OHB Deferral	I, Suspension, Cancellation Policy.
☐ I understand that completing this forr application has been requested by me.	n does not gu	uarantee cancellation/withdrawal from studies when
in accordance with Standard 10 (Comp	laints and app	MCOHB's internal complaints and appeals process, peals) of the National Code of Practice for Providers 18 (CRICOS Standards), within 20 working days of
		our cancellation/withdrawal to Department of Home Affairs information as to how this action may affect your visa status
Student signature:	Date	te of application:
		the Director of Studies or their delegate before nnce dept. for refund calculation if applicable.
Required evidence attached	□ YES	□NO
		fusing visa application, airline tickets departure & return if ce notice of nonpayment of tuition fees, other provider Letter

Approved:	□ YES	□ NO						
If not approved why?								
Discrete at China	liaa/alalaanata aira			Deter				
Director of Studies/delegate signature:			Date:					
Printed Name:								
Date request received:			Received by: (MCOHB staff name)					
MCOHB staff member position:								
Student file upo	lated:	□ YES	□NO	Date updated:				
MCOHB staff member who updated student file:								
Staff member n	ame:							
SMS updated	□ YES	□NO	[Date updated:				
Admin officer N	ame:							
PRISMS update	ed	□ YES	□NO	Date updated:				
Admin officer N	ame:							
Students' education agent notified:			□ YES	□NO				
If Yes: Date no	otified:	Method	d education	n agent notified:	□ Letter	□ email		