



Course Withdrawal/Deferral/Amendment Form

Section 1 – Student Details

Name:			
Email Address:		Mobile:	
Address:			
Course/ Courses:		Start Date:	____/____/____ (D/MM/YYYY)

Section 2 – Change Details

I wish to withdraw from this course. I understand I need to abide by the Refunds Policy.

Withdrawal Date:	____/____/____ (D/MM/YYYY)
Withdrawal Reason:	
Supporting Documents	

I wish to defer my enrolment in this course. I understand that my enrolment has an expiry date.

Deferral Start Date:	____/____/____ (D/MM/YYYY)	Restart Date: (must be the start date of a new unit)	____/____/____ (D/MM/YYYY)
Deferral Reason:			
Supporting Documents	Please specify:		

Section 3 – Student Declaration

I am aware of CDT's relevant Withdrawal, Deferment, and Amendment Policies.

I wish to request refund, and the Refund Request Forms is completed and attached.

Student Signature:		Date:	____/____/____ (D/MM/YYYY)
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Section 4 – Authorisation

Requested Change has been approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No. Reason: _____	
Print Name:	_____	Position:	_____
Signature:	_____	Date:	____/____/____ (D/MM/YYYY)

Section 5 – Admin Use ONLY

No Fee Outstanding:	<input type="checkbox"/> Yes	<input type="checkbox"/> No. Please specify: _____		
Required supporting documents/ received	<input type="checkbox"/> Yes	<input type="checkbox"/> No. Please specify: _____		
Updated on SMS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No.	Date:	____/____/____ (D/MM/YYYY)
Updated by:	_____	Signature:	_____	