



This form is to be completed by Offshore students wishing to withdraw from their program.

The completed form is to be lodged with your Partner Administration Office.

You must sign the student declaration in Part C.

Part A: Personal Details

Student ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Miss/Ms/Mrs:	First name(s):								
Family name:									
Date of birth:									

Program Details:

Program code:	Program title:
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Part B: Withdrawal from Program

Please only complete if you want to cease studying in the program above and do not wish to return, therefore giving up your place in the program. Note that discussing options with your Program Director is optional, not required.

Ensure you consider all alternatives prior to withdrawing. For more information go to:

<http://www.unisa.edu.au/counsellingservices/balance/withdraw.asp>

<input type="checkbox"/> I wish to completely withdraw from the courses in which I am currently enrolled, and the above program	I have discussed my options with my Program Director <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for withdrawing from program:	
<input type="checkbox"/> Financial	<input type="checkbox"/> Refund withdrawal
<input type="checkbox"/> Visa	<input type="checkbox"/> Personal
<input type="checkbox"/> Returning to home country	<input type="checkbox"/> Employment
<input type="checkbox"/> Transfer to another provider	
<input type="checkbox"/> Other	
Please provide details:	

Part C: Student Declaration

- I understand that it is my responsibility to notify any relevant agency of this change to my enrolment.
- I understand that if I withdraw from my program:
 - I will lose my place in the program, and I will be required to apply for re-admission if I wish to continue my studies at a later date
 - I am obliged to pay any outstanding fees to UniSA.

Student Signature:	Date:
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LOGGING YOUR APPLICATION
The completed form is to be lodged with your Partner Administration Office

OFFICE USE ONLY

Partner Administration Office

Date received:	Date uploaded to Collaborate™:
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UniSA Office: Student and Academic Services (SAS)

Delete Expected Completion Term

Copy to relevant Dean: T&L (if student under academic review)

<input type="checkbox"/> Notify student to confirm processing and copy the Partner Administration Office	<input type="checkbox"/> Email copy of student correspondence to PD
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Date received:	Date processed:
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Received by:	Processed by:
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