



# 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	<input type="checkbox"/> Offer letter from another provider (if transferring to another provider) <input type="checkbox"/> Single flight ticket (if ceasing study and returning home country) <input type="checkbox"/> New visa (if changing visa type) <input type="checkbox"/> Other. Please specify: _____

I wish to transfer to another course start date. I understand my transfer will be subject to availability.

Transfer to Date:	____/____/____ or ____/____/____ (D/MM/YYYY)
Transfer Reason:	
Supporting Documents	Please specify:

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 my CoE will be varied and my visa status may be affected.
- I am aware of KIC's relevant Withdrawal, Deferment, and Amendment Policies.
- I wish to request refund, and the Refund Request Forms is completed and attached.

<b>Student Signature:</b>		<b>Date:</b>	____/____/____ (D/MM/YYYY)
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### Section 4 – Authorisation

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

### Section 5 – Admin Use ONLY

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