

## **Withdrawal from Course**

PERSONAL DETAILS			
Surname:	Student I	Student ID:	
Given Name:	Date of E	Date of Birth:	
Address:			
Address.			
Email: Mobile I		lo:	
INTERNATIONAL STUDENT			
International students studying on campus are required to have this form signed by an International Student			
Education Officer at Primus English, before submitting it for approval.			
Officer's Name Signa	ature		Date
Comments:			
Refunds are governed by the Refund Policy which is located at Student Administration or on the Website. International Students please note that <b>DIBP will be advised of your withdrawal</b> .			
Your visa will remain valid for 28 days from this date.			
NOTICE OF PERMANENT WITHDRAWAL FROM COURSE			
Course Starting Date:		Course Code:	
Course Title:		Date of Withdrawal:	
Date of Williams.			
Main Reason for Withdrawal			
Did you receive any course counseling before deciding to withdraw? —Yes —No			
If yes, with whom did you receive counseling:			
Would you recommend studying at Primus English?			
The same of the sa			
If no, or if you have any other feedback please add comments			
CONDITIONS			
<ul> <li>Application for refund will only be considered if lodged prior to course commencement date.</li> <li>Refund is subject to the return of your Student ID card and any Primus English's property or material you may</li> </ul>			
have in your possession.			
Signature			Date
APPROVALS – Office Use Only			
·			Data
Signature of P.E.O.			Date
Fee Refund Due			Date

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