

Withdrawal/Transfer/Refund Request for non-commencing students



THIS NOTICE MUST BE COMPLETED BY STUDENTS WHO ARE UNABLE TO COMMENCE THEIR PROGRAM OF STUDY DUE TO VISA REFUSAL OR OTHER REASONS. STUDENTS WHO HAVE COMMENCED ARE REQUIRED TO ACCESS THE FORM VIA EQ-ONLINE MOODLE.

Please **complete** and **sign** the form and submit by **email** to admissions@equals.edu.au. We attempt to review applications within 10 working days however during peak periods, delays may occur. Hard copies will not be accepted.

I am seeking: **(please tick all that apply)**

Withdrawal External Transfer Refund

Applicant Details

Family Name:		Given Names:	
Date of Birth:		Mobile:	
Address: (Residential)			
Email:			
<u>BANK ACCOUNT DETAILS (for Refunds, where relevant)</u>		Branch Name & Address (if overseas):	
Account holder name:		BSB Number (Australian account):	
Account holder((Residential) address (if overseas):		Swift Code (if overseas):	
Bank Name:		Account Number:	

Enrolment Details

What program(s) are you currently enrolled in?			
Program Start Date (If an international, as per eCoE)		What is your Group Number (if relevant)?	
What institute do you wish to transfer/re-enrol in (if applicable)?	If you are seeking external transfer, please provide us a new offer letter to get a release letter.		

Reason (please tick) – (please attach evidence where relevant, e.g. medical certificate)

Transfer to other Institute (please attach an offer letter and/or CoE)	<input type="checkbox"/>	Visa Change (please attach a new visa copy)	<input type="checkbox"/>	Financial Hardship (please state below)	<input type="checkbox"/>
Visa Refusal (please attach notice)	<input type="checkbox"/>	Health Issues (please attach medical certificates)	<input type="checkbox"/>	Other (please state below)	<input type="checkbox"/>
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Applicant Declaration

a)	The above information is true and correct;
b)	The information supplied may be provided to the Australian government if requested;
c)	I understand that this application to defer/withdraw or seek leave may affect my student/student visa. I will contact the Department of Immigration and Border Protection (DIBP) for visa information prior to submitting this form. DIBP can be contacted on 131 881 or via their website at www.immi.gov.au .
d)	I understand that I have 20 working days to access the complaints and appeals process should I wish to appeal the outcome of my application.
e)	I have read and acknowledge the terms and conditions of my enrolment, as outlined in my signed Student Enrolment form and Student Handbook and other documents as may be relevant to my enrolment at EQUALS.
f)	I understand that EQUALS may take legal action to recover any outstanding fees and I will be liable to pay recovery costs.
APPLICANT SIGNATURE:	
Date:	