

# Application to Withdraw from Studies



This form is for students who are seeking to withdraw from their current studies.

Please complete **ALL** sections of this form or your application may be delayed. The withdrawal process may take 2 – 4 weeks to complete depending on your supplying all documentation.

Please submit your form in person to the office or mail to:

MCFE  
U39/617-643 Spencer Street  
West Melbourne, VIC, 3003

## PERSONAL DETAILS

Family/Last Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

## COURSE DETAILS

Current Course: \_\_\_\_\_

Instructor: \_\_\_\_\_

## REASON FOR SEEKING A WITHDRAWAL

I am applying to:  Cancellation  
 Deferral. Proposed recommencement date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (refer to deferral policy)

Please detail your reasons for wishing to cancel your enrolment and attach any supporting documentation.

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Type of documentation that might support your application:

- |   |   |
|---|---|
| <input type="checkbox"/> Letter from student                            | <input type="checkbox"/> Official Letter from Government Body |
| <input type="checkbox"/> Offer letter from another Educational Provider | <input type="checkbox"/> Flight itinerary / ticket            |
| <input type="checkbox"/> Doctor's Certificate                           | <input type="checkbox"/> Other _____                          |

## REFUND OF FEES

I wish to seek a refund for course fees paid. (Note Refund of Fees Policy on page 2)

## DECLARATION

I declare that the information given on this form is to the best of my knowledge complete and accurate and understand that making a false or misleading statement could lead to prosecution.

I have included all the necessary documentation to support my claim to withdraw. I understand that a lack of documentation could lead to my application being delayed or rejected.

I understand that my application to withdraw from my studies will not be processed until any outstanding fees have been paid.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## Refund of Fees Policy

### PURPOSE

To ensure appropriate policy in respect to refund of course fees.

### POLICY RATIONALE

To provide a consistent and fair process for dealing with requests for refund of course fees.

### REFUNDS

Refunds are provided on the following basis:

- No refunds are provided for training that has been delivered
- If MCFE cancels a course, a refund of all fees will be paid to the student or client unless satisfactory alternative arrangements can be made
- Cancellation requests received up to 10 Working Days prior to commencement of a course will be approved and a full refund, minus \$50 to cover the costs of administration, will be paid.
- Cancellation requests received less than 10 Working Days prior to commencement or after commencement of a course will not be approved and no refund will be paid.
- Cancellations will only be accepted if they are received in writing via email, fax, post or by hand delivery.
- If a refund is approved because a class was badly conducted or a tutor was inept, and the student has attended at least two (2) classes, a full refund will be made.
- If a student attends at least one class and then requests a refund on grounds other than class conduct, no refund will be made.

## REFUND INFORMATION

Name of account \_\_\_\_\_

Bank: \_\_\_\_\_

BSB number: |\_|\_|\_|\_| - |\_|\_|\_|\_|

Account number: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

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### OFFICE USE ONLY

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Fees Outstanding: \_\_\_\_\_  
(If Fees are outstanding on the date the withdrawal application is submitted, no action will be taken until these are settled)

Refund Given: \_\_\_\_\_

Authorised by: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_