Government of Western Australia
North Regional TAFE

STUDENT WITHDRAWAL, REFUND, TRANSFER APPLICATION

This form is completed by a student or Lecturer requesting a withdrawal or transfer from a course or unit/s.

DETAILS			
Student name		Student ID	
	First Name Middle Name Last Name		
Address		Postcode	
Phone numbers			
Email			

Withdraw from the Study Package Code listed below

Study Package Code (Spk Cd)	Study Package Title	*Client Service Use Only* **Census Date**	*Client Service Use Only* **Study Plan Status (SSP Status)**	*Lecturer Use Only* **Was there meaningful participation? Yes/No** Yes= Min 1 x Engagements No=No Engagements

Transfer from the Study Package Code listed below – must be same Study Package Code and Semester.

To transfer from one Study Package Code to a different Study Package Code requires a Withdrawal and new Enrolment.

Transfer From Study Package Code (Spk Cd)	Study Package Title	Transfer To Study Package Code (Spk Cd)

REASON FOR WITHDRAWAL/TRANSFER

☐ Class cancelled
☐ Traineeship cancelled
☐ Illness/medical reason (attach medical certificate)
☐ Incorrectly enrolled/NRT error
☐ Transferring to another unit/course/institution

☐ Gained entry to university
☐ Personal reasons
☐ Gained employment/apprenticeship/traineeship
☐ Other (please specify below)

☐ I have attended one or more classes
☐ I have not attended any classes

Student to complete if eligible for refund: *(this must be the person who paid the fees)*

Account name _____ *BSB* _____ *Account number* _____

Student/Applicant name _____ *Signature* _____ *Date* _____

Parent/ Guardian name _____ *Signature* _____ *Date* _____

Please return this form to CSCentral@nrtafe.wa.edu.au for processing.

CLIENT SERVICES USE ONLY	
Withdrawal & Documents saved in SMS Student Documents by:	*Date*
Checked & Authorised by	*Date*
	Refund: $

MD AUTHORISATION IF REQUIRED	
Refund authorised by Managing Director (only required if after census date) *MD Name:* **Nerida Kickett**	☐ Yes ☐ No *Date*
	Signature

FINANCE USE ONLY
Confirm debt paid by student   ☐ Yes ☐ No   *If paid by a 3rd party check correct refund account above*
Refund processed by   *Date*

AUTHORISATION	
I certify that this Account is correct in respect of the requirements of Treasurer's Instruction 304(4)(i) to (vii) *Date*	*I certify that this Account is correct in respect of the requirements of Treasurer's Instruction 304(4)* *Date*
*Signature of **incurring** officer:*	*Signature of **certifying** officer:*

Reviewed - Client Services - Student Withdrawal Refund Transfer Application CS004FRM - May 2022