Sydney City College of Management Pty Ltd (SCCM) ABN: 89 606 547 611, CRICOS Provider: 03620C, RTO: 45203 Address: Level 2, 17 Macquarie Street, Parramatta, NSW 2150

Telephone: +61 2 8872 0435 Email: admissions@sccm.edu.au Website: www.sccm.edu.au



Application to Withdraw

This form is to be completed by students who wish to withdraw/cancel from their course of study. Please complete all fields and email this form as well as any supporting documentation to the Admissions Team at admissions@sccm.edu.au. Cancellation of Studies will be granted in accordance with our Deferral, Suspension and Cancellation Policy. If your cancellation request is approved, government legislation requires Sydney City College of Management to inform the Department of Home Affairs (DHA) of the cancellation. Withdrawing from your course will result in cancellation of your CoE and this may affect your student visa.

| STUDENT DETAILS | | | | | |
|--|---|--|---------------------------------------|------------------------------|--|
| Student Name | | | Student ID | | |
| Email | | | Mobile | | |
| COURSE/S DETA | ILS | | | | |
| If the student wants to withdraw from the current course and all the subsequent courses enrolled with SCCM, please list the courses below. | | | | | |
| Current course title: | | | | | |
| Subsequent course(stitles | 5) | | | | |
| REASON FOR WI | THDRAWAL | | | | |
| Please tick the most a documentation. | ppropriate box that gives the rea | son for your action | n and provide the | e relevant supporting | |
| | Reason Supporting Document | | | | |
| ☐ Returning to home country | | One way airline ticket to home country | | | |
| ☐ Transfer to another RTO | | An unconditional Letter of Offer from the education provider you wish to transfer to | | | |
| Other reason, please supporting documenta | specify (Please detail your rease tion to support your request. Atta | on(s) for wishing to ch additional shee | o withdraw from y ts if necessary) | our course(s) and attach any | |
| | | | | | |

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| File Name: SMD16 Application to Withdraw | | | Apr 2023 | Apr 2024 | 2.0 | |

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Signature



| STUDENT DECLARATION | | | |
|---|---|------------|---------------------------------|
| ☐ I declare that all information a | and supporting documentation provided by me is | true and | correct. |
| | e completed at least 6 months of my principal/ materials tand that I must provide evidence of enrolment (sort my request. | | |
| ☐ I understand that if I'm return home country. | ing offshore, I must provide evidence of my inten | tion to re | turn permanently to my |
| ☐ I understand that the Letter o between providers policy. | f Release will be issued only under certain circun | nstances | as per SCCM transfer |
| | any administration processing fees or/and any ou ving any Statement of Attainment. | utstandin | g tuition fees prior to |
| ☐ I understand if the withdrawa to appeal by completing an intern | is granted, I will receive a release letter. If the a al appeal form. | pplication | n is rejected, I have the right |
| Student Signature | | Date | |
| | | | |
| OFFICE USE ONLY | | | |
| Supporting Documentation Attached? | □ Yes | | No |
| Fees Paid, if applicable | ☐ Yes | | No |
| If No, Total Fees Owning | | | |
| Fees Owning Received | ☐ Yes | | No |
| Decision Outcome | ☐ Approved | | Declined |
| Reason(s) for Outcome | | | |
| Student Notified | ☐ Yes | | No |
| Processed by | | | |

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Date