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
Website: www.sccm.edu.au

SYDNEY CITY COLLEGE OF MANAGEMENT
RTO CODE: 45203 | CRICOS PROVIDER CODE: 03620C

Application to Withdraw & Request of Refund Form

This form is to be completed by students who wish to withdraw/cancel their course of study and, if applicable, request a refund. Please complete all sections and email the form together with supporting documentation to admissions@sccm.edu.au (for withdrawal) and **accounts@sccm.edu.au** (for refund).

Withdrawal and refund requests will be processed in line with SCCM's Deferral, Suspension and Cancellation Policy and Refund Policy. Please allow up to 20 working days for refund processing once all documentation has been received.

Student Details			
Student Name			
Student ID			
Email			
Current Course			
Course Code	**Course Title**	**Start Date**	**End Date**
Subsequent Course (s)			
Course Code	**Course Title**	**Start Date**	**End Date**

Reason for Withdrawal	
☐ **Returning to home country**	☐ **Transfer to another Provider**
☐ **Other (please specify your reason below and attach supporting documentation)**	

Refund Request (If Applicable)	
Course Title	
Course Start Date	

Bank Details for Refund Transfer			
Bank Name			
BSB		Account Number	
Branch			
SWIFT			

Student Declaration

☐ I declare that all information and documentation provided is true and correct.
☐ I understand that withdrawing will result in cancellation of my CoE, which may affect my student visa.
☐ I understand that refunds will only be processed in line with SCCM's Refund Policy.
☐ I understand I must have completed at least 6 months of my principal course before applying to transfer providers.
☐ I agree that any outstanding fees must be paid before release letters or Statements of Attainment are issued.
☐ I understand providing false information may result in termination of enrolment and/or entitlements.

Student Signature	
Date	

For Office Use Only

Withdrawal Processing				
Supporting Documentation Attached	☐ Yes	☐ No		
Fees Paid (If applicable)	☐ Yes	☐ No		
Outstanding Fees $				
Decision Outcome	☐ Approved	☐ Declined		
Reason for Outcome				
Decision By		Position		
Refund Processing				
Application Received By		Date		

Decision Outcome	☐ Approved	☐ Declined	
Process By			
Original Fees Paid $		**Date of Payment**	
Receipt No			
Total Amount Refunded $		**Date of Payment**	
Receipt No			
Staff Name			
Staff Signature			
Date			