Kingsway Institute CRICOS Provider Code: 03177F



Request to Discontinue from the Course

Personal Detail:				
Student Number: KWI000	DOB:			
First Name: Last Name:				
Update Contact Detail after Discontinue from the Course: **(Compulsory)				
Residential Address (Onshore):	T			
City/Suburb:	State:	P	ostco	ode:
Mailing Address (Offshore):	T	<u>, </u>		
City/Suburb:	State:		Postcode:	
Details about the Course Withdrawal: ** (Compulsory)				
The Course I am currently enrolled in is:				
I would like to withdrawal from	The end of the current teaching period			Date:
this course as from:	The date this document was lodged			Date:
Have you attended any classes durin	ng this teaching period? YES / NO			
Please indicate the reason for Discontinue from the Course				
\square Too far behind in studies \square Inadequate su			pport services	
☐ Low academic results	\square Family problems			
\square Loss of interest in the course	\square Obtained emplo			t
☐ Transfer to another Course Provide	☐ Health Issues	☐ Health Issues		
☐ Visa Reject	☐ Other – Please de	☐ Other – Please detail below		
Other Reason:				
Important Information:				
**It is strongly recommended that you discuss your options with Student Services Staff as this decision is likely to have				
consequences for your visa.				
** If you are thinking about changing your course of study, you need to ensure that you continue to meet all the				
conditions that apply to your student visa.				
** If you were granted a visa under the streamlined visa processing (SVP) arrangements and you would like to change to a new course of study, you generally need to enrol in another streamlined eligible course (or package of courses) at the				
same level as your current course in order to remain compliant with the conditions on your current student visa. To				
check whether a course is eligible for streamlined visa processing, or to learn more about the streamlining arrangements				
for certain student visas, please refer to immigration website at: www.immi.gov.au				
Declaration:				
**I understand that I will forfeit my place in this course if I withdraw and will need to apply for re-admission if I wish				
to continue my studies at a later date. I understand I will not be entitled to a refund of fees paid to Kingsway Institute				
if this withdrawal form is lodged after the relevant census date. I authorise Kingsway institute to withdraw me from				
all studies at the institution effective from the date specified above.				
Signature:		Date:		
oignature.		Date.		
OFFICE USE ONLY				
Date received by Kingsway Institute:				
□ Visa Checked				
□ Payment Checked				
□ Study Progress Checked				
□ Attendance Checked				
□ Student Data Updated □ eCoE Cancelled on Date:				
□ ecol cancelled on Date.				