

Course/Qualification Name:	
<input type="checkbox"/> Withdrawal from the course:	<input type="checkbox"/> Deferral from the course:
Withdrawal/Deferral Date:	Date of recommencement:

<b>Student Name</b>		
<b>Date of Birth</b>		
<b>Address</b>		
<b>Phone Number</b>		Mobile:
<b>Email</b>		
<b>Business Name</b>		
<b>Employer Contact Name</b>		
<b>Employer Contact Details</b>	Phone:	Email:

<b>Reason for Withdrawal/Deferral</b>	<input type="checkbox"/> Study workload too high	<input type="checkbox"/> Quality of the course/ teaching
	<input type="checkbox"/> Increased work commitment	<input type="checkbox"/> Personal/ family reasons
	<input type="checkbox"/> Academic difficulty	<input type="checkbox"/> Left the business
	<input type="checkbox"/> Course not suitable	<input type="checkbox"/> Other: _____

<b>Is your training funded by your employer?</b>	<input type="checkbox"/> YES, paid by employer	<input type="checkbox"/> NO, Self Funded
<b>Did you receive your workbook folder?</b>	<input type="checkbox"/> YES, I received my workbook folder	<input type="checkbox"/> NO, I did not receive any workbook folder

<b>Student Signature</b>		Date
<b>Employer Signature</b>		Date

<b>Office Use Only</b>	Updated on Student Management System:	Communicated to Finance:
	Approval date:	Refund:
	Processed by:	Comments:

**CONTACT US**

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