Withdrawal Form

This form must be completed by the student (or parent/guardian if under 18 years) or employer on behalf of the student and returned to LITA Training to withdraw from a course.

Student Details
Full Name:
Student ID Number:
Email:
Contact Phone Number:
Current Course Enrolled:

Reason for withdrawal
Please outline Reason:
Sign:_____ **Date:**_____

If form has been completed on behalf of student

Name:

Relationship to Student:

Refund Details – if applicable			
Please tick:	☐ **Refund**	☐ **Credit Note**	
Preferred Method of Refund *(tick):*			
☐ Cheque			
☐ Credit Card	Master Card / Visa ***(circle one)***	Card No:	Expiry Date:
☐ Bank Deposit	BSB:	Account No:	Bank:
Account Name in Full:			

Office Use Only: Withdrawal and Other Reason	
Date Received: _____	
Approval/Not Approval Decision:	
Tuition Fees ☐ Full Refund ☐ Partial Refund – Specify: ☐ No Refund – Specify:	**Material Fees (where applicable)** ☐ Full Refund ☐ Partial Refund for Material not issued ☐ No Refund – Specify:
General Manager: ☐ Refund Approved ☐ Refund Not Approved **Date:** **Signature:** **Finance Officer** ☐ Refund Approved ☐ Refund Not Approved **Date:** **Signature:** **Date student notified of decision:** _____	**Office Use Only (Finance)** **Refund Amount: $_____** **Refund No: _____** **Change of Enrolment Actioned:** ☐ Yes ☐ No **Processed by:** _____
For Skilling South Australia students: Training Account has been rendered as inactive. **Date actioned: _____** **LITA Training staff members initials: _____**	