**Fusion College of Technology** 

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## Withdrawal Application Form

## About this form

This form is to be used when making an application to discontinue with your studies.

Please note that any refunds will be processed as per the information included in the International Student Handbook about fees and refunds.

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Student details								
Given name/s:				urname:				
Date of birth:				Gende	er:	☐ Male ☐ Female ☐ Other		
Nationality:				Student ID:				
Address including number and name town, postcode, a	e, suburb or							
Postal address (if	different)							
Phone number/s	Emai				ail address			
Course(s) for withdrawal								
Please name the co	ourse(s) you a	re applying for withdrawal.						
Reason for withdrawal								
Please briefly descr	ibe the reasor	n you have decided to disco	ntinue	your stu	idies.			
Please specify the o	date from whic	ch you wish this withdrawal r	notice <sup>1</sup>	to take e	effect.			
☐ I have submitted the supporting evidence with my application								
Name								
Signature								

Date