## **Course Withdrawal or Amendment Form**



Section 1 – Client Details										
Name:										
Contact Teleph	none:						Mobile:			
Email:										
Qualification/Course:							Course D	ate:	/	/
Section 2 – Change Details										
I wish to withdraw from this course.  I understand I need to abide by the Refunds Policy.										
Withdrawal Da	te:		/	/						
Withdrawal Re	ason:									
Signature						Date:	/	/		
I wish to Transfer to another course date.  I understand my transfer will be subject to course availability.										
Transfer to Date:			/	/		or	/ /			
Transfer Reason:										
Signature							Date:	/	/	
I wish to Defer my enrolment in this course.  I understand that my enrolment has an expiry date.										
Defer to Date:			/	/						
Deferral Reason:										
Signature							Date:	/	/	
Section 3 – Authorisation										
Requested Cha	been a	approv	ved?		☐ Yes			No		
Signature:					Position:					
Print Name:			Date Proces	rate Processed: / /						
Admin Use Only										
Changed in VE	Ttrak SN	MS:	☐ Ye	es [	No	Date:		/	/	
Logged By:						Signature:		T		
Formal Letter/I	Email Se	ent:	☐ Ye	es [	No	Date:	1	/	/	
Sent By:						Signature:				

Approval Date:	08 Feb 2024	Approved By:	Sam Hayes		Page 1 of 1	
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