



## REQUEST FOR COURSE WITHDRAWAL, CANCELLATION – FORM

To be filled out by the Participant and submitted to the Administration Department by email

<b>Participant Name:</b>		<b>Participant ID Number:</b>	
<b>Address:</b>			
<b>Telephone/ mobile:</b>		<b>Email:</b>	
<b>Course:</b>			
<b>Explain why you are notifying AMBI that you are withdrawing or cancelling your enrolment in your course :</b>			
<b>Evidence to support your application (medical certificate and letters or other information)</b>			
<b>Course Withdrawal , Cancellation Policy : Important Information</b>			
<ul style="list-style-type: none"> <li>• You must submit notice of your intention and the request for a refund in writing.</li> <li>• You must be up to date with course fees at the time of the request.</li> <li>• Your request will be assessed following the refund policy in the term and conditions of enrolment</li> <li>• If your request is successful you will be required to pay an administration fee.</li> <li>• You will be issued with Statements of Attainment for units completed and paid to date.</li> </ul>			
<b>Declaration</b>			
I have read and accept the policy and declare that the information provided is correct and complete. I understand that any refund must comply with the terms and conditions.			
<b>Participant Signature:</b>		<b>Date:</b>	

### For Office Use Only

<b>Name correct</b>	<b>ID correct</b>	<b>Date received</b>	
<b>Course Expiry Date</b>	<b>Fee status</b>	<b>Decision</b>	<b>APPROVED /NOT APPROVED</b>
<b>Database updated</b>	<b>Refund amount</b>	<b>SofA issued</b>	
<b>Notes</b>		<b>Initials</b>	