

Withdrawal of Studies

Use this form if you wish to withdraw from the course you are currently enrolled in.

Please fill in all the tables below except the last one titled "For office use".

Student details	
First name	
Surname	
Email	
USI	
Telephone	
Mobile	
Address in Australia	
Overseas address	
Postal address	
Agent details (if applicable)	
DOB	
Gender	
Nationality	
Visa end date	
Current enrolment	
Course name and code	
Course start date	
Course end date	
Next course with MI (if	
applicable)	
Next course start date	
Next course end date	

You must contact the Department of Immigration and Citizenship (DIBP) for visa information before submitting this form. Contact DIBP by phone on 131 881 or through their website at www.immi.gov.au

Requested change

RTO Code: 45137 CRICOS Code: 03586M © Mindroom Innovation

1



Have you received advice from a MI staff member?		ho? If not, we urge you to approach a staff consult them.
Requested end date		
Reason for withdrawal		
Student declaration:		
Innovation's trainers, client se □ I understand that a cancel □ I hereby apply to cancel m	rvices and / or lation will affeo y course of stu with the Mindr	ct my student visa. dy and acknowledge that this application will oom Innovation's Deferral, Suspension and
	cc. ,	
	fice use only	
	n received by	
Application	reviewed by	
Dooror	Outcome (if declined)	
Reason (if declined) Actioned in (i.e. PRISMS, aXcelerate)		
	dent advised	
	gent advised	
	ainer advised	
	ver signature	
	approval date	

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2