



## Application for Withdrawal

First Name ..... Last Name .....

Address .....

Phone ..... Email .....

Date ..... Semester .....

Course Unit	Day & Time	Lecturer
Eg. General Drawing 1:1	Eg. Tues 1 – 4pm	
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**Reason for withdrawing from the course unit(s)**  
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- Please tick one**
- Full Withdrawal from the course
- Part Withdrawal (remaining enrolled in one or more course units)
- .....

- Checklist**
- I have read the Adelaide Central School of Art Terms and Conditions of Enrolment
- I have returned my swipe card to the administration office (for Full Withdrawal)

Signature: ..... Date: .....

**Office Use Only**

**Tuition Fee Payment Option**

- FEE-HELP
- Fee Paying

If Fee Paying: (before census)

- Refund tuition fees
- Retain tuition fees in credit for 12 months

**MYOB Details**

<b>Amended</b>	<b>Date</b>	<b>Initial</b>	<b>Reference</b>
Paradigm Academic Record & delete scheduled session			
Class List			
MYOB (before census)			
Student Email List			
WD Statistics			
HEPCAT			
FIA			

<b>Issued</b>	<b>Date</b>	<b>Initial</b>	<b>Reference</b>
Refund			
Conf. Letter			

**Notes**

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