STUDENT PROGRAM WITHDRAWAL FORM

Please return completed form to Connect 'n' Grow®.

Scan and email: admin@connectngrow.edu.au

Applicant/Learners Personal Details	
Student Name:	
School	
Student Alternative Email: *(non-school email)*	
EHT/Trainer:	

Course/Unit Details	
Course Code & Title:	

Details/Reasons for Withdrawal

☐ Left School ☐ Disciplinary ☐ More interesting subject became available

☐ No longer interested in subject ☐ Cost/Value of Course

☐ Course did not meet expectation (pleases specify/offer feedback):

☐ Other (please specify/offer feedback):

Effective Date of Withdrawal:		**Date of Lodgement:**	

The date of withdrawal is the date the student ceased participation in the qualification. The school/student must notify Connect 'n' Grow® within 14 days of the date of withdrawal.

Consent of Parties (only one signature is required)			
Student Signature:		**Date:**	
Program Manager Signature:		**Date:**	
EHT/Trainer Signature:		**Date:**	
Connect 'n' Grow® Sign-off		**Date:**	