

Signed

## AllCT - Course Withdrawal Form

Name:	
Student ID:	
Email:	
Address:	
Mobile:	
Course Name:	
Course Start Date:	
Withdrawal Date:	
Reason for Withdrawa I:	I wish to formally notify AIICT of my intent towithdraw from my course of studies. The reason for my course withdrawal is:
DECLARATION:  I declare that the information I have provided on this form is true and correct.  I understand that I may not receive a refund if I have been issued AllCT login details, commenced a cluster or have already been assessed in one of more units.  I understand that once I withdraw from this course, that should I wish to reenrol a new enrolment will be required, which may incur enrolmentand or administration fees  Your course withdrawal will not be processed until AllCTadministration have received this form and any and all payment arrangements may remain active until this form is received.	

Date