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)						
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 or Other (please specify/offer feedback):						
Effective Date of W	ithdrawal:	Date of Lod		gement:		
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 S	Signature:				Date:	
Trainer Signature:					Date:	

