



P: (02) 8776 3933 | E: admission@linx.edu.au A: Level 5, 127 Liverpool Street Sydney NSW 2000

WITHDRAWAL APPLICATION FORM

About this form

Student details

Date (DD/MM/YYYY)

This form is to be used when making an application to discontinue with your studies.

Please note that any refunds will be processed as per the information included in the International Student Handbook about fees and refunds. If you believe you are due a refund you should also complete the Refund Application Form.

Given name/s							
Surname							
Phone number/s							
Email address							
Reason for withdrawal							
Please briefly describe the	reason yo	u have decide	d to discon	tinue your	studies.		
Please specify the date from	m which yo	ou wish this w	ithdrawal r	otice to ta	ke effect.		
Name							
Signature							



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Office Use Only

\square Approved \square Refused						
Reasons for approving or refusing the request:						
Actioned on:						
Student advised on:						
\square If application is approved, DET has been notified via PRISMS						
☐ Updated AXcelerate with any changes to enrolment						
RTO Manager Signature		Date				
Accountant Signature		Date				
PRISMS Officer Signature		Date				
Admissions Officer Signature		Date				