



Marjorie Milner College
Excellence in Education Since 1946

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Student Withdrawal Form

Student Name: _____ Student Number: _____

Course Name: _____ Course Code: _____

Correspondence Address: _____

Suburb: _____ Post Code: _____

Home Contact Number: _____ Mobile Phone Number: _____

Email Address: _____

1. I wish to withdraw from all studies: (please indicate)

I. As from the date of lodgement of this form at Student Administration
(date of lodgement to be supplied next to signature on last page)

II. At the conclusion of the current teaching period

2. Please give a brief description of why you are withdrawing.

3. Please provide feedback about your experiences to assist Marjorie Milner College with its continuous improvement.



4. Please provide us with information on your current employment status by ticking the most relevant box below:

- Full-time Employment
- Part-time Employment
- Casual Employment
- Self-Employed
- Unemployed

5. Declaration

“I understand that by signing this Withdrawal Form, I will forfeit my place in this course if I withdraw and will be required to apply for re-admission if I wish to continue my studies at a later date. I understand I will not be entitled to a refund of fees paid to Marjorie Milner College if this withdrawal form is lodged at Student Administration after the relevant census dates. I authorise Student Administration to withdraw me from all studies at Marjorie Milner College, effective from the date specified next to my signature.”

Student Signature

Date of Lodgement (SVTS)

If under the age of 18, a parent or guardian signature is required below

Parent/Guardian Signature

Date

MMC Student Services Manager Signature

Date of receipt of this form

