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### Student Withdrawal Form

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Student Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Contact Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### 1. Reason for withdrawal: I wish to withdraw from all studies- (please indicate)

- I. I, the student, have commenced my course but I wish to formally withdraw from the course without completing all of the assessment criteria.
- II. I, the student, have enrolled in the course but I am unable, due to circumstances, to commence the course.
- III. I, the student, am aware I am in arrears with my fees and are unable to meet an acceptable financial arrangement with Marjorie Milner College.
- IV. I, the student, am withdrawing from the course I am enrolled in due to medical reasons
- V. I, the student, am withdrawing from this apprenticeship as I have transferred to another workplace and now have a new contract.

#### 2. MMCollege withdrawal of student through non-attendance or not submitting assessments

If a student has engaged with some learning activity, and then stopped attending or submitting assessment (i.e. discontinued) for two months, without notifying MMCollege the withdrawal form

File Location:

[https://docs.google.com/document/d/1SN72WMi\\_In6zFjzUiNAJMoFlpgiLfsCL/edit?usp=sharing&oid=107263589730053596861&rtf=of=true&sd=true](https://docs.google.com/document/d/1SN72WMi_In6zFjzUiNAJMoFlpgiLfsCL/edit?usp=sharing&oid=107263589730053596861&rtf=of=true&sd=true)

Version Date: 15/01/2022 Version 1.0

Ownership: MMCollege

Approved: CEO, Mr Milner

Review Date: 15/12/2022

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will be completed by the Student Services Manager or CEO/Principal. (2 months are defined as College term dates, College holidays are not included in this time period)

**3. Please give a brief description in your own words as to why you are withdrawing.**

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

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

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

**6. Important information for Government Subsidised Enrolments**

Students being withdrawn from a subject and/or Program Enrolment (Course) need to be aware their enrolment in a Victorian Government Subsidised Program (or part thereof, and regardless of completion) **will affect their future training options** and eligibility to further Victorian Government subsidised training.

**7. Declaration**

“I understand that by signing this Withdrawal Form, I will forfeit my place in this course and will be required to apply for re-admission if I wish to continue my studies at a later date. I understand I am required to fill in Appendix 1.11 Refund Application Form to apply for a possible refund. To understand if you are eligible for a refund please read the (2.6) Refund Policy and Procedure as outlined in the (Appendix 1.1) Pre-enrolment handbook. I authorise Student Administration to withdraw me from all studies at Marjorie Milner College, effective from the date specified next to my signature or my last day of engagement.”

\_\_\_\_\_  
**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 Team Signature**

\_\_\_\_\_  
**Date of receipt of this form**

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