

Enrolment Cancellation Form

Student Name:

Student ID: Date of Birth:

Address:

.....

Contact No. (Ph.) (Mobile).....

Email:

International students must state the reason for cancelling their course because The College of Business Management Pty Ltd is obliged to report the cancellation to the Department of Home Affairs (DHA). Also, all supporting documents should be attached along this form. Please refer to Fee payment and Refund Policy for any applicable refunds. You can find the Fee Payment and Refund policy at our reception and on our website www.cbm.edu.au.

Please choose the courses below for the cancellation.

SELECT COURSE	COURSE CODE	Qualification	CRICOS Course Code
<input type="checkbox"/>	SIT60322	Advanced Diploma of Hospitality Management	115342M
<input type="checkbox"/>	SIT30821	Certificate III in Commercial Cookery	115339F
<input type="checkbox"/>	SIT40521	Certificate IV in Kitchen Management	115340B
<input type="checkbox"/>	SIT50422	Diploma of Hospitality Management	115341A
<input type="checkbox"/>	BSB60420	Advanced Diploma of Leadership and Management	114607K
<input type="checkbox"/>	BSB50420	Diploma of Leadership and Management	114605A
<input type="checkbox"/>	BSB80120	Graduate Diploma of Management (Learning)	114608J

Please specify the reason for cancellation of your enrolment:

Students are requested to complete the section below if enrolment is being cancelled based on Transfer between another provider.

Transfer to another provider - Request Detail:

Requests will not be processed until supporting documents are provided.

You will have to provide the following evidence for CBM to be able to process your application request:

1. A copy of a valid enrolment offer letter with an approved provider.
2. A letter explaining the reasons for your transfer request.

CBM has the right to refuse students release requests made within the first six (6) months of their Principal course. Please refer to CBM Policies and Procedures or Student Handbook.

Student's Signature: Date:

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FOR OFFICE USE ONLY

Received by:

Signature: Date:

If enrolment is cancelled based on transfer between providers (complete the sections below)

Decision	
Release approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason:	
Comments (If any)	
Date Letter Issued to Student:	
Signature:	Staff full name:
Date:	