

Release Request Form

Student Name: _____

Date of Birth: _____ Student ID: _____

Address: _____

Postcode: _____

Contact Phone Number: _____ Mobile: _____

Email Address: _____

Course Code and Name: _____

Course Start Date: _____ Last Class attended on: _____

Release Effective From: _____

Please specify the reason for leaving CBM:

NOTE:

- Attach any relevant supporting documents to this form.
- Release Letter will be provided at no cost to the student if release is granted.
- Student is advised to contact the Department of Home Affairs (DHA) regarding any visa changes to the student visa.
- Letter of Release will be issued within 10 working days of submitting this form.
- Student is requested to refer to the Refund Policy for any relevant refunds.

STUDENT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

Application Received By:		
Name:	Sign:	Date:
Accounts Department Approval:		
Name:	Sign:	Date:
Academic Department Approval:		
Name:	Sign:	Date:
Admin Department Approval:		
Name:	Sign:	Date: