

ADVICE OF SUBJECT / COURSE WITHDRAWAL FORM

Students that wish to withdraw from a subject (unit of study) or a course should read the Student Withdrawal and Refund Policy before completing this form.

The policy is available from www.heli.edu.au/info/

| Family Name: | | | |
|--|--------------------------------|--|--|
| Other Names: | | | |
| Email: Mobil | : Mobile: | | |
| Are you withdrawing from: | | | |
| your course - this means you want us to cancel your enrolment | | | |
| a subject (unit of study) – this means we will just withdraw you from your studies this term | | | |
| What are your reasons for withdrawing? (please provide details below) | | | |
| | | | |
| | | | |
| | | | |
| If a refund is applicable to this withdrawal then it will be processed as per the Student Withdrawal and Refund Policy. | | | |
| Details for bank refund | Details for credit card refund | | |
| Bank Name: | Credit Card Holder: | | |
| Account Name: | Credit Card Type: | | |
| Account Number: | Credit Card Number: | | |
| Branch Name: | Expiry Date: | | |
| BSB: | | | |
| Swift code: | | | |
| Amount requested: | | | |
| The refund, if approved, will be paid to the person who originally paid the fees. We cannot transfer funds to any other party. | | | |

Please note that the beneficiary name can only be the name of the person who paid the original tuition fees.

*Unless payment was made by Bank Cheque, Bank Deposit, EFTPOS or TT, refunds must be credited back to the same Credit Card account with which the fees were paid. Please include a copy of your Credit Card statement as evidence of card details and payment. An online transaction history cannot be accepted as a form of verification. For any other payment method, please supply your bank account details.

Support to complete this form

Student Number:

If you require any support to complete this form or to obtain a copy of the Student Withdrawal and Refund Policy then you can contact the Student Support Officer via: support@heli.edu.au

Version Date: 13 September 2021



| DECLARATION | | | | |
|---|--------------------|----------------------------|----------|--|
| I hereby apply for to withdraw from my subject or course as indicated on this form. | | | | |
| Applicant Signature | : | | Date: | |
| | | | | |
| Once completed this form should be submitted to: admin@heli.edu.au | | | | |
| | | | | |
| Office use only | | | | |
| Date received: | | | | |
| Withdrawal processed on: Student notified on: | | | | |
| Refund? | | 0 | | |
| If a refund is applicat | ole this form must | be sent to the Finance Man | ager | |
| Refund processed: | Paid on: | Not an | plicable | |

Version Date: 13 September 2021