## REQUEST FOR DISCONTINUATION

## **Guidelines**

- 1. This form is for students who wish to withdraw from their studies entirely. To defer your studies for a semester/term please complete a Request to Defer form available at the Administration Office.
- 2. Request for discontinuation should be lodged prior to the relevant census dates for the semester/term. There are deadlines for withdrawing units of study with or without penalty. Please refer to SITCM's Academic Calendar https://www.sitcm.edu.au/calendar/ for the various dates.
- 3. After cancellation of course enrolment, students who wish to resume study at a later date must apply, in the usual manner, for admission to the course.
- 4. You will need to attend a meeting with SITCM staff prior to the cancellation of your course enrolment.
- 5. Please return this form by email: <a href="mailto:administration@sitcm.edu.au">administration@sitcm.edu.au</a> or in person: Administration Office.

## **Important Advice for Student Visa Holders**

Department of Home Affairs Notification of Course Discontinuation: Under Commonwealth legislation, SITCM is required to notify the Department of Home Affairs of changes to the enrolment of Student Visa holders. Discontinuation of studies will in most cases lead to the cancellation of your student visa, and you will be required to depart Australia, or transfer to another visa type.

Personal Details	
Name:	Student ID:
Are you an international student?   Yes   No	
Course you applied for / are currently enrolled in:	
☐ Bachelor of Traditional Chinese Medicine (BTCM)	☐ HLT52015 Diploma of Remedial Massage
☐ HLT42015 Certificate IV in Massage Therapy	☐ HLT52115 Diploma of TCM Remedial Massage
Discontinuation Details	
I am discontinuing my studies commencing from: Semester/Term Year because of	
☐ Work commitments	☐ Quality of student administrative services
☐ Financial difficulties	☐ Quality of student support services (e.g.
☐ Family	counselling, disability support services)
☐ Health related issue	☐ Timetable made it difficult to attend classes
☐ The course was not what I expected	☐ Travelling to classes was too difficult
☐ Quality of teaching	☐ Adequate classrooms and learning spaces
☐ Quality of feedback on my progress	☐ Lack of fit with other students

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Discontinuation Details (continued)		
<ul> <li>☐ Workload too high</li> <li>☐ Work too difficult</li> <li>☐ Assessment and the level of the subject matter</li> <li>☐ Academic English language difficulties</li> </ul>	<ul><li>☐ Change of career/interests</li><li>☐ Other:</li></ul>	
Are you continuing your studies in another course?		
☐ No ☐ Yes, at SITCM ☐ Yes, TCM at	other provider Yes, other provider	
Do you intend to return to studies at a later time?		
☐ No ☐ Yes, at SITCM ☐ Yes, TCM at	other provider Yes, other provider	
Endorsement		
I have read and understood the guidelines and advice on this application form. I certify that all information, including supporting documentation and certificates, is correct. I hereby authorise SITCM to contact the professional authority concerned for the purpose of verifying any information he or she supplied. I acknowledge that SITCM will, where appropriate, advise the relevant Commonwealth government authority of the outcome of their application.		
Student Signature:	Date:	
Meeting with SITCM staff:  Name:		
Signature:	Date:	
Registrar Use Only		
<ul> <li>Inform the student of the outcome of their request for discontinuation.</li> <li>International Student: Report to the Department of Home Affairs.</li> </ul>		
Name:		
Signature:	Date:	