



REQUEST FOR WITHDRAWAL

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 withdrawal 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: administration@sitcm.edu.au or in person: Administration Office.

Important Advice for Student Visa Holders

- **Department of Home Affairs Notification of Course Withdrawal:** Under Commonwealth legislation, SITCM is required to notify the Department of Home Affairs of changes to the enrolment of Student Visa holders. Withdrawing from your course 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

Withdrawal Details

I am withdrawing from my course commencing from: **Semester/Term** _____ **Year** _____ because of

Work commitments

Quality of student administrative services

Financial difficulties

Quality of student support services (e.g. counselling, disability support services)

Family

Timetable made it difficult to attend classes

Health related issue

Travelling to classes was too difficult

The course was not what I expected

Adequate classrooms and learning spaces

Quality of teaching

Lack of fit with other students

Quality of feedback on my progress

Withdrawal Details (continued)	
<input type="checkbox"/> Workload too high	<input type="checkbox"/> Change of career/interests
<input type="checkbox"/> Work too difficult	<input type="checkbox"/> Other:
<input type="checkbox"/> Assessment and the level of the subject matter	
<input type="checkbox"/> Academic English language difficulties	
Are you continuing your studies in another course?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, at SITCM
<input type="checkbox"/> Yes, TCM at other provider	<input type="checkbox"/> Yes, other provider
Do you intend to return to studies at a later time?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, at SITCM
<input type="checkbox"/> Yes, TCM at other provider	<input type="checkbox"/> Yes, other provider

Endorsement	
<p>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.</p>	
Student Signature:	Date:

Office Use Only	
Meeting with SITCM staff:	
Name:	
Signature:	Date:

Registrar Use Only	
<ul style="list-style-type: none"> Inform the student of the outcome of their request for withdrawal. International Student: Report to the Department of Home Affairs. 	
Name:	
Signature:	Date: