

Form 6.26: Request to Withdraw

Please complete this form below and return it to:
INTERNATIONAL COLLEGE OF AUCKLAND
PO Box 15388, New Lynn, Auckland 0600

<i>Personal Details</i> <i>Please print</i>	Name: _____
	Student ID: _____ Date: _____
	Address: _____ _____
	Phone Number: _____
<p><i>In accordance with the conditions contained in the Student Handbook, I hereby request withdrawal from the following programme / course:</i></p>	
<p>Course : _____</p>	
Reason for withdrawal	
<p><i>Office Use Only</i> Date of Leaving Programme / Course: _____</p>	
Withdrawal Fee <input type="checkbox"/> Withdrawal with no refund <input type="checkbox"/> Withdrawal with full or partial refund	Refund payable to: _____ Current account balance: \$ _____
Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Refund approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Student Advised: <input type="checkbox"/> EFTS Load: <input type="text"/> Approved by: <input type="text"/> Designation: <input type="text"/> Date: <input type="text"/>