Course Withdrawal or Amendment Form



Section 1 – Client Details										
Name:										
Contact Teleph	one:					Mobile:				
Email:										
Qualification/Course:						Course D	ate:	/	/	
Section 2 – Cha	ange De	tails								
I wish to withdraw from this course. I understand I need to abide by the Refunds Policy.										
Withdrawal Dat	e:	/	/							
Withdrawal Rea	ason:									
Signature					Date:	/	/			
I wish to Transfer to another course date. I understand my transfer will be subject to course availability.										
Transfer to Date:		/	/		or	/ /				
Transfer Reaso	n:									
Signature					Date:	/	/			
I wish to Defer my enrolment in this course. I understand that my enrolment has an expiry date.										
Defer to Date: / /										
Deferral Reason										
Signature						Date:	/	/		
Section 3 – Authorisation										
Requested Change has been approved?			roved?		☐ Yes			No		
Signature:					Position:					
Print Name:			Date Proces	ssed: / /						
Admin Use Only										
Changed in VETtrak SMS: Yes No			Date:		/	/				
Logged By:					Signature:		T			
Formal Letter/E	mail Se	ent:	Yes [No	Date:		/	/		
Sent By:					Signature:					

Approval Date:	23 Jan 2025	Approved By:	John Whelan		Page 1 of 1
Next Revision Date:	23 Jan 2027	Document Number:	DOC0053	Revision:	1.4