

# Application for Withdrawal



This form is to be completed by students who wish to withdraw from their course of study. Withdrawal of Studies will be granted in accordance with Xpert Solution Deferral Suspension and Cancellation Policy and Procedure. Further information can be found on our website.

## PART A: Student Detail:

Student Name:		Student ID:	
Mobile:		Email:	
Address:			
Date of Application:	/ /	Course:	

## PART B: Reason of Withdrawal:

I wish to withdraw from the course I am enrolled in with Xpert Solution. I wish to withdraw for the following reason:

Evidence provided:

(Document name)

## PART C: Student Declaration

I declare that the information given is true and accurate to the best of my knowledge and I have not willfully suppressed any information

I understand that if there are any changes to the information provided by me in this form, I would notify Xpert Solution immediately and in the event that I fail to do so, I will be liable for any additional costs incurred.

Signed:

Printed Name:

Date:

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