



ENROLMENT ADJUSTMENT FORM

WITHDRAWALS & TRANSFERS

1 – Student Details

Family Name:		Given Names:	
Date of Birth:		Student ID:	
Postal Address:		Postcode:	
Suburb:		Phone:	
Campus:		Email:	
Course Number / Name			Date enrolled:

2 – Reason for enrolment adjustment application

WITHDRAWAL or TRANSFER (please tick one)				REASON FOR WITHDRAWAL Evidence is required if refund is sought
I wish to withdraw from: Tick for whole course (all subjects) or list subjects separately				<input type="checkbox"/> Class cancelled / /rescheduled
Roll number	Subject number	Subject name	Attended/ Participated in this subject Y/N	<input type="checkbox"/> Incorrect enrolment (College)
				<input type="checkbox"/> Incorrect enrolment (Student)
				<input type="checkbox"/> Exemption / RPL
				App /Trn received / cancelled
				Financial reasons
				Transferred to another subject / RTO
				Transfer to another course
				Transfer to another class
				Medical
				Employment <input type="checkbox"/> Work commitments
				University Placement
				Location
				Personal <input type="checkbox"/> Other

3 – New enrolment details (if transferring to new subjects):

Roll number	Subject number	Subject name	Enrolment type code	Student loan need to be attached? Y/N

4 – Bank Details – for electronic funds transfer (if refund is applicable)

Refund due to student; or Refund due to 3rd party (please tick one)

Name of Account:		Bank:	
BSB Number:		Account Number:	
Student's signature:			Date: / /

If printed sign and return to Customer Service Centre.

Once completed, email a saved copy of this form to info@smtafe.wa.edu.au

Please refer to the enrolment terms and conditions for further details on conditions of refunds. Reminder: Not all withdrawals are eligible for a refund.

5 – Office Use only

Received by:	Staff signature:	Date: / /
Direct Debit to be: <input type="checkbox"/> Amended OR <input type="checkbox"/> Cancelled	Is student entitled to a refund? <input type="checkbox"/> Yes <input type="checkbox"/> No	REFUND AMOUNT: \$
Credit card payments to be: <input type="checkbox"/> Amended OR <input type="checkbox"/> Cancelled		
Centrelink deduction to be: <input type="checkbox"/> Amended OR <input type="checkbox"/> Cancelled	I certify that this account is correct in respect of the requirements of Treasurer's Instruction 304 (5) (i) to (vii).	Incurring Officer:
Date of financial amendment: / /		Date:
New target amount: \$		I certify that this account is correct in respect of the requirements of Treasurer's Instruction 304 (5).
		Date:

NOTE: Students must complete form CS030001 Application for Special Circumstances Recredit Remission - Application only if student is seeking a refund based on Special Circumstances.