

Date:

Day    Month    Year

## Enrolment Amendment Form

This form is to be used by currently enrolled students seeking to defer or withdraw from RED MAKO LEARNING PTY LTD courses. In order to cancel classes and withdraw:

- You must speak with your TRAINER or TUTOR in person or via phone to discuss your reasons for deferring or withdrawing PRIOR to submitting this form
- Completion of this form DOES NOT withdraw your enrolment from your REDMAKO LEARNING PTY LTD course.
- Your completed form will be escalated to the REDMAKO LEARNING PTY LTD TRAINING MANAGER for final authorization before your withdrawal is processed.

Please note the withdrawal date must be after the date the form is completed.

**STUDENT DETAILS:**

Student ID			
Student Name			
Email		Date	
Course			
Phone number			
Address			

### REQUEST TO DEFER

Reason for Deferment	
Requested Commencement Date of Deferment	
Requested Period of Deferment	
Last Date of Deferment	

Plan to Complete  
remaining units  
within Course  
Durations

## OFFICE USE:

Staff member name	
Date of contact with student	
Is the student's plan to complete units within course duration accepted?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:
Deferment Fee has been Collected	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:
Is Deferment approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments	
AUTHORISED BY	TRAINING MANAGER
Name	
Signature	

**REQUEST TO WITHDRAW** (Student initiated)

Date of withdrawal	
Reason for withdrawing	
<input type="checkbox"/> I understand that submission of this request to withdraw does not initiate a refund and that to apply for a refund I must complete the separate <a href="#">refund request form</a> .	
Signature	

**OFFICE USE:**

Staff member name		
Date of contact with student		
Has the student paid all outstanding fees?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Comments:	
Date file finalised and Statement of Attainment issued		
AUTHORISED BY:	TRAINING MANAGER	SALES MANAGER (if training has not yet commenced)
Name		
Signature		



# OFFICE USE:

	<b>CANCELLATION</b> (RML or DESBT Initiated)
Date of CANCELLATION	
Reason for CANCELLATION	
Initiating Party	

Staff member name		
Date of contact with student		
Date of written notification		
Has the student paid all outstanding fees?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Comments:	
Date file finalised and Statement of Attainment issued		
<b>AUTHORISED BY:</b>	<b>TRAINING MANAGER</b>	<b>SALES MANAGER</b>
Name		
Signature		