

Submission:

Submit form NO less than 21 working days prior to cancellation/withdrawal commencing date requested.

CANCELLATION/WITHDRAWAL FORM

(This form in for Domestic Students ONLY)

FEE FOR SERVICE

SKILLS FIRST FUNDED

STUDENT DETAILS

Student ID Number:

Family Name: Given name:

Date of Birth: - -

Phone: Mobile:

Baxter's Student Email: @student.baxter.vic.edu.au
(Please enter your Baxter's student ID number, eg. 12345@student.baxter.vic.edu.au)

CANCELLATION/WITHDRAWAL DETAILS

Course Code: Course Name:

Course commencement date? DD / MM / YYYY Date of last day attended class: DD / MM / YYYY

NOTE: Cancellation of enrolment applications will be processed only if they are made in writing, on this form, signed by the student and sent to reception@baxter.vic.edu.au. Students who cancel their enrolment and think they are due for refunds are advised to apply for a refund. Please refer to the Institute's refund policy for refund arrangements. Refund applications must be made in writing on form FN108 Refund Application, which is available on the Institute's website. Written applications for refunds will be accepted by mail or email to refunds@baxter.vic.edu.au. Refunds will be processed within 20 working days of receipt of a written application and will include a statement explaining how the refund was calculated. If you are transferring to another provider, please speak to Baxter Institute's Marketing Officer or the Receptionist to receive immediate assistance.

Reasons for cancellation (tick if applicable):

Medical Relocation Transferring to another institution—Please fill in form SS119

Financial Family Dissatisfaction. Please specify:

Employment Personal

Transferring to another Baxter Institute course Other. Please specify:

Do you have evidence to support the reasons/ circumstances outlined? Yes — Please attach supporting documents to this application No

Skills First students please note: you are only eligible to commence a maximum of two Government subsidized courses in your life time at the same AQF level (eg. you can only do two courses at Certificate IV level), excluding courses in the Foundation Skills List.

Why are you making this request? (Please write in your own words):

STUDENT DECLARATION

I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the application.

I understand that I have the opportunity to complete an internal appeal process in accordance with Baxter Institute P08 Complaint and Appeal available on Institute website: <https://www.baxter.vic.edu.au/policies/> if I wish to.

For Skills First students only:

I understand that a cancellation of enrolment may affect my future training options and eligibility for further government subsidized training under the Skills First Program.

Student Signature: Date: DD / MM / YYYY

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute
 Ph: (03) 9650 0367 Fax: (03) 9654 1049
 470 Bourke Street, Melbourne VIC 3000 Australia
 ABN 51 006 374 241 CRICOS Provider No: 02233M RTO: 7030
 Email: reception@baxter.vic.edu.au Website: www.baxter.vic.edu.au

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Date of Submission: Submitted to: Signature:

Finance check: Finance Officer: Signature:

Comments:

Application Approved Yes No Approving Officer's name: Position:

Approving Officer's signature: Date:

E-mail sent to student on: SMS Updated by: Date:

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute
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