

## **KING'S OWN INSTITUTE\***

**Success in Higher Education** 



## WITHDRAW FROM COURSE / CANCELLATION OF eCoE REQUEST

Please write cle	arly in C	APITAL (E	BLOCK) letters	S				
Student Number	er:				Date: _	_ /	<i>I</i>	
Course Name:								
Family Name: / / /								
Given Name(s):								
Australian Resi	dential	Unit No.	Street No	Street Name				
Address:	Suburb/ Town State Postcode						Postcode	
Mobile:			Contact Email:					
If you want a Release Letter, Transcript or any other documents, please complete a 'Document Request Form' (available at Reception, Level 1, 31 Market St and on the KOI website Policies and Forms tab <a href="https://www.koi.edu.au">www.koi.edu.au</a> ).  Please indicate your reasons for this request:								
Insufficient English for course requirements – please attach copy of Offer Letter for English Course								
Change of provider - Offer letter / eCoE from another school – please attach copy of Offer Letter  Change of Vice status (e.g. RP, 457 etc.) - please attach copy								
Change of Visa status (e.g. PR, 457 etc.) – please attach copy  Medical reasons – please attach medical certificate								
Return to home country - please attach copy of air ticket								
Other – please briefly explain								
Student Sign	ature:				Da	nte:	_ / /	
Please provide feedback of your time at KOI. This will be used to improve the provision of our courses.								
OFFICIAL USE	ONLY							
Received By: Processed by:								
Date: /	,	,			Date:	1	1	