

F17 Enrolment Cancellation Form

STUDENT DETAILS	
Student ID	
Family Name	
Given Name(s)	
Date of Birth	
Email	
CANCELLATION DETAILS	
Course Code	
Course Name	
Course Start	
Date	
Course Status	
Cancellation Effec	L
International students must state the reason for cancelling their program as Central Melbourne	
Institute is obliged to report the cancellation to DIBP (Department of Immigration and Border	
-	apporting documents should be attached to this form. Please refer to refund policy
for any applicable refunds.	
Please outline reasons/circumstances for requesting cancellation:	
Do you have any supporting evidence for the reason(s) outlined above? YES NO Note: If you are requesting to change course, please complete F22_ECoE change form. Student Declaration:	
	above information is true and correct. I acknowledge that withholding relevant
information or providing incorrect information may delay the processing of this application.	
Student	Date
Signature	bute
	OFFICE USE ONLY
Received by:	Date:
	ning Manager (please circle) YES / NO Date:
Letter issued on:	
	DE Cancelation (please circle) YES / NO Date:
Training Manager Signature:	