

Application to withdraw from unit(s) without academic and/or financial penalty

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For a request to Withdraw without penalty to be considered, the application must be submitted before a student sits the final exam or submits the final assessment task for that unit.

OFFICE USE ONLY			
Domestic Withdrawal without Academic Penalty AO/: <input type="checkbox"/>		International Withdrawal without Academic Penalty AO/: <input type="checkbox"/>	
CSP: HECS-HELP Upfront <input type="checkbox"/>	CSP: HECS-HELP Deferred <input type="checkbox"/>	DFEE: HECS-HELP <input type="checkbox"/>	DFEE: Tuition Upfront fees <input type="checkbox"/>

PLEASE TICK ALL THE BOXES WHICH APPLY:
I am a: <input type="checkbox"/> LOCAL student <input type="checkbox"/> INTERNATIONAL student
I have read the MAFC Program Rules and Procedures and am applying for (tick ALL that apply):
<input type="checkbox"/> Withdrawal without academic penalty (W status)
<input type="checkbox"/> Remission of FEE-Help (Deferred debt)
<input type="checkbox"/> Refund of Up-front Tuition Fees

SECTION 1: PERSONAL DETAILS		
Student ID:		
Family name:	Other name(s):	
Address:		
Suburb:	State:	Postcode:
Email:		
Phone (H):	Phone (M):	
Degree/Diploma enrolled in: <input type="checkbox"/> Master of Applied Finance <input type="checkbox"/> Graduate Diploma of Applied Finance		

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Withdrawal request received:	Y / N	Date:	Signed:
Withdrawal request approved:	Y / N	Date:	Signed:
Forwarded to CLSO for action:	Y / N	Date:	Signed:
Financial request approved:	Y / N	Date:	Signed:
Additional comments:			



Application to withdraw from unit(s) without academic and/or financial penalty (continued)

SECTION 5: SUPPORTING DOCUMENTATION	
<p>You must provide INDEPENDENT supporting documentation (on official letterhead if relevant) to support your special circumstances. <i>Please note: Supporting documentation MUST be either an original or a Certified Copy of the document and must be submitted with this application.</i></p> <p>Documentation attached from:</p> <p> <input type="checkbox"/> Medical certificate or statement from medical practitioner <input type="checkbox"/> Statement from Division/Department <input type="checkbox"/> Statement from a counselor <input type="checkbox"/> Letter from your employer <input type="checkbox"/> Other (please indicate): _____ </p>	

SECTION 6: DECLARATION	
<p>You must provide specific information regarding the special circumstances, including how your circumstances:</p> <p> <input type="checkbox"/> I declare that the information given on this application is correct AND <input type="checkbox"/> I have attached the required supporting documentation AND <input type="checkbox"/> I have read the withdrawal policy in the "Program Rules and Procedures" </p> <p>Signed: _____ Date: _____</p> <p>Personal information collected on this form or supplied by you to the University will be treated in the strictest confidence in accordance with the Privacy Act of 1988 and relevant guidelines.</p> <p>The information is used for the purpose of assisting the University to make an informed decision on your case. If your application is approved, the Department of Education, Employment and Workplace Relations (DEEWR) will be supplied with the necessary details for your debt to be removed or reduced if relevant. Some information on this form may also be supplied to DEEWR if further information on your application is required. The authority to collect this information is contained in the Higher Education Support Act 2003.</p>	

PLEASE LODGE YOUR APPLICATION:		
<p>IN PERSON:</p> <ul style="list-style-type: none"> • Sydney CBD Campus Level 3, 10 Spring Street, Sydney NSW 2000 Phone 02 9223 6231 Mon-Fri: 9.00am - 5.30pm • North Ryde Campus Building E4A, Room 746 Macquarie University North Ryde NSW 2109 Phone 02 9850 7280 Mon-Fri: 8.30am - 5.00pm 	<p>BY MAIL:</p> <p>GPO Box 3480 Sydney NSW 2001 AUSTRALIA</p>	<p>VIA EMAIL:</p> <p>studentsupport@mafc.mq.edu.au</p>