

Course Cancellation & Withdrawal Form (International Students)

PART A: STUDENT DETAILS

Student Name: _____

Student ID: _____ Date of Birth: _____

Address: _____

Mobile No: _____ E-mail: _____

PART B: COURSE ENROLMENT DETAILS

Course Name(s): _____ Course Code(s): _____

Start Date: _____ Last Class Date: _____

ECoE Number(s): _____

Reason for Withdrawal: _____

Did you receive any course counselling before deciding to withdraw? YES NO

If Yes, Please list name of the staff with whom you received counselling: _____

Would you recommend studying at National Academy of Hair & Beauty? YES NO

If No, Please provide your reason:

PART C: REFUND REQUEST (OPTIONAL)

Please note application for refund will be processed as per Refund Policy at NAHB. For the most updated copy of Policy, please visit our website or Student Services Team. Refund is subject to the return of your Student ID card and any NAHB property or material you may have in your possession.

METHOD OF REFUND Australian Bank Transfer International Bank Transfer

Australian Bank Transfer

Name of the Bank: _____

Account Name: _____

BSB: _____ Account No.: _____

International Bank Transfer

Name of the Bank: _____

Bank Address: _____

Account Name: _____

SWIFT Code: _____ Account No.: _____

REASON OF REFUND

Read this section carefully and tick the reason for your refund request. Please attach all supporting documentation along with your application. If you do not supply these documents this might delay authorization and processing of the refund.

Reason for REFUND	Supporting Documents Required
<input type="checkbox"/> Withdrawal from Course	<input type="checkbox"/> Complete Part 1 of this Form
<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Copy of Leave of Absence form
<input type="checkbox"/> Student did not meet the conditions of offer	<input type="checkbox"/> Proof of Inability to meet conditions
<input type="checkbox"/> Student Visa Rejected/Cancelled	<input type="checkbox"/> Copy of Letter(s) from the Australian Embassy / High Commission / DIBP showing the cancellation or rejection of Visa
<input type="checkbox"/> Change of Visa Status	<input type="checkbox"/> Copy of Passport and the changed Visa
<input type="checkbox"/> Student has overpaid	<input type="checkbox"/> Proof of Overpayment

PART D: RELEASE REQUEST (OPTIONAL)

ONLY COMPLETE THIS PART IF YOU WISH TO TRANSFER TO ANOTHER PROVIDER AND NEED A RELEASE FROM YOUR ENROLMENT AT NAHB

- I wish to withdraw from the course in which I am currently enrolled in to transfer to another CRICOS Registered Education Provider.
- I have not completed six (6) months of my principal course at National Academy of Hair & Beauty.

PRIVACY STATEMENT: *The information is collected for the purpose of assessing your Request for Letter of Release. NAHB uses and destroys information in accordance with the Institute's Privacy Policy.*

STUDENT INFORMATION

Release will be provided in accordance with NAHB's Student Transfer Policy. A copy is available from Student Administration and the website at www.nahb.edu.au. Please read this Policy carefully to establish your eligibility for a Release. **Any request for a Release must be made in writing.**

DECISION PROCESS

You will be advised in writing within 10 working days of the outcome of your Request for Release. If your request is unsuccessful, the letter will outline the reasons for the Institute's decision, the procedures for release and the complaints and appeals process, should you wish to appeal this decision.

LODGMET OF APPLICATION

Applications should be submitted to Student Administration or posted to: The Principal Executive Officer, National Academy of Hair & Beauty, Level 1, 3-7 Shelley St, Richmond, Victoria 3121

REASON FOR RELEASE: _____

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS REQUEST FOR RELEASE:

- A Letter of Offer from the CRICOS Registered Provider to which you wish to transfer
- Evidence of Compassionate or Compelling Circumstances (medical reports, reports from psychologist, police or legal profession, etc)
- Statement of reasons why you are seeking release
- Payment of debts to National Academy of Hair & Beauty

STUDENT ACKNOWLEDGEMENT

I UNDERSTAND AND ACKNOWLEDGE THAT:

1. I hereby declare and certify that the information supplied by me on all parts of this form is complete and true in all aspects.
2. If applicable, the release request will be considered in accordance with the NAHB's Student Transfer Policy.
3. I will be informed of the outcome of this request including the reason/s for the decision.
4. I have the right of appeal, in accordance with the NAHB's Complaints and Appeals Policy. I also have the further right of appeal under Australia's Consumer Laws.
5. If the release and/or withdrawal is approved my current electronic Certificate of Enrolment will be cancelled; and
6. The Department of Immigration and Border Protection (DIBP) will be informed of the change.
7. If applicable, my entitlement to a refund will be assessed in accordance with NAHB's Refund Policy.

Student Signature: _____

Date: ____/____/____

OFFICE USE ONLY

Please note that all evidence of document/s must be sighted and stamped as "Original Sighted" with the correct date. Please state your name on the evidence of the documents.

ITEM CHECKLIST	Please Tick	Initials	Date
PART A and B of this form have been fully completed			
If applicable, PART C and/or D have been fully completed			
Supporting Documents have been provided			
Wisenet has been updated – Log book, Enrolment Status, Timetable			
Xero Updated – Refund, Payment			
Final Refund Processed - Payment			

RELEASE DETAILS	
All fees are up to date	
Supporting Documents have been adequately supplied	
Release Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRISMS has been updated	
Student Notified of the Outcome	

REFUND DETAILS	
Total Course Fee (as listed in LOO)	
Pre Paid Course Fee (including commission)	
Commission Deducted (by the agency)	
Net Fees Received by NAHB (Xero + Ezidebit)	
Eligible Refund Amount (as per Refunds Policy)	

Stopped direct debit (only if in credit) Request students to pay the reminder

Refer to debt collection as all the attempt made to recover the amount owed were unsuccessful

Officer Signature _____ Date _____