

Applications for Withdrawal are at the discretion of the Student. Casey College of Beauty Therapy appreciates that there may be a range of circumstances which cause a Student to withdraw from their course of study. Where a Student proceeds to Withdraw from their course they must notify the college in writing. Written notification may be by completion and return of this Application to Withdraw Form, or by email clearly stating name, address, and course title, date of Withdrawal and reason for Withdrawal. In all cases the date of Withdrawal will be the date of receipt of written notice.

How to Withdraw

1. Print and then complete the form below. Every field is mandatory.
2. Scan copies of any relevant documents or evidence which support your request.
3. Email all documents to Student Services at: compliance@caseycollege.vic.edu.au

Please refer to the Student Withdrawal from Study Policy and Procedure available on our website www.caseycollegeofbeauty.vic.edu.au If you have any questions please contact the College on 1300 711 072

Section 1 – Personal Details			
Name:			
Contact Telephone:		Date:	/ / 202 ____
Email:			
Qualification / Course:	<input type="checkbox"/> SHB50121 Diploma of Beauty Therapy		
Course Type:	Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>	
Section 2 – Reason for Withdrawal. Please provide a brief explanation why you wish to cease your studies.			
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Unable to travel to the College		
<input type="checkbox"/> Illness	<input type="checkbox"/> Not interested in Beauty anymore		
<input type="checkbox"/> Unable to manage time for studies	<input type="checkbox"/> Other		
If you would like to expand on the reason please either email compliance@caseycollege.vic.edu.au or call 1300 711 0712			
Section 3 – Student Declaration			
<input type="checkbox"/> I understand that the date of Withdrawal will be the date of receipt of written notice.			
<input type="checkbox"/> I understand that if I apply to withdraw after the census date for the unit of study I will incur a debt and remain liable for tuition fees, and that if I am a Student enrolled under VET Student Loans, I will incur a VETSL debt for the unit of study.			
Student Signature:		Date:	/ /
Section 4 – Outcome (to be completed by Casey College of Beauty Therapy administration only)			
By signing below the application to Withdraw has been approved			
Staff Signature:		Date:	/ /