

Name:

Sign:

Date: / /

WITHDRAWAL AND CHANGE OF COURSE FORM

SECTION A: TAUIRA MUST COMPLETE ALL PARTS OF THIS SECTION * CONTACT DETAILS IF CHANGED PERSONAL AND PROGRAMME DETAILS

Tauira ID

Tauira Name

Contact Address

Contact Phone Number

Name of Programme

Name of Lecturer(s)

1. I would like to withdraw from the entire programme: Yes No If No, go to Point 2 below
2. I would like to withdraw from and/or enrol into the following course(s): Yes

WITHDRAW FROM:		ENROL IN:	
Course Code:	Course Title:	Course Code:	Course Title:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. My reason(s) for withdrawing from the programme, and/or course(s) is:
- | | | |
|--|---|--|
| <input type="checkbox"/> Cannot afford it | <input type="checkbox"/> Found a job | <input type="checkbox"/> Family commitments |
| <input type="checkbox"/> Moving elsewhere | <input type="checkbox"/> Health reasons | <input type="checkbox"/> Cannot meet course requirements |
| <input type="checkbox"/> Did not like the course | <input type="checkbox"/> Did not like the tutor | <input type="checkbox"/> Other |

Other (please give reasons):

(Use separate sheet if needed)

4. What do you intend to do once you have withdrawn from the programme, and/or course(s)
- | | | |
|---|---|--|
| <input type="checkbox"/> Look for work | <input type="checkbox"/> Look after my health | <input type="checkbox"/> Look after whānau |
| <input type="checkbox"/> Travel | <input type="checkbox"/> I have a job organised | <input type="checkbox"/> Other |
| <input type="checkbox"/> Study at another institution: name of programme/course | <input type="text"/> | |
| Name of institution | <input type="text"/> | |

Student Signature:

Date / /

DECISION – KAIMAHI TO COMPLETE

Has discussion taken place between yourself and the taura?

Yes No

Date of discussion: / /

10% Date / /

Course Start Date / /

Last Date of Attendance or Notified Date / / *

Record and Outcome of Discussion:

Recommendation:

Kaimahi Signature

Print Name

Date / /

I confirm that I have checked that there are no results for the courses that are being withdrawn

Initial: Date: / /

*Date that will be entered into Artena

•NOTE

- attach attendance register
- other support documents attached e.g. emails, etc.
- courses with results are not able to be WD

NPC

I approve

Withdraw from programme

Post 10% Withdrawal Pre 10% Withdrawal

Withdraw specific courses

Post 10% Pre 10%

Signature

Print Name

Date / /

HEAD OF SCHOOL

Post 10%

Pre 10%

Signature

Print Name

Date / /

•NOTE

- Pre 10% Withdrawal - EFTS are not claimed and fees refunded to point of origin
- Post 10% Withdrawal - EFTS are claimed and fees kept

OFFICE USE ONLY

Date Rec'd by Admin / /

Received by:

Actions:

- | | |
|---|---|
| <input type="checkbox"/> Full credit and refund, No EFTS | <input type="checkbox"/> Letter to student with credit and refund copy |
| <input type="checkbox"/> No credit or refund, claim 100% EFTS | <input type="checkbox"/> Copy of letter to student file with credit/refund copy (for records) |
| <input type="checkbox"/> Partial Credit or Refund, claimpaHand EFTS | <input type="checkbox"/> Full time to part time, advise StudyLink |

Pre 10%:

- No Show Alternative Programme Change Campus Data Entry Enrolment Cancelled

Post 10%:

- Personal Reasons

Completed and to file: / /

Completed by:

Please forward application to: Enrolment and Academic Administration, Te Whare Wānanga o Awanuiārangi, Private Bag 1006, Whakatāne

PLEASE NOTE THAT INCOMPLETE FORMS ARE UNABLE TO BE PROCESSED