

Student Signature:

FILLED	IN ON BEHALF OF TAUIRA BY KAIMAHI
Name:	
Sign:	

COMPASSIONATE POST 10% WITHDRAWAL FROM PROGRAMME/COURSE WITH REFUND FOR FEES

and are wanting to apply, to withdraw without and/or financial penalty.			
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 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 <u>withdraw</u> from the following course(s): Yes			
WITHDRAW FROM:			
Course Code: Course Title:			
3. I would like to request a refund of my programme or course fees			
4. My reason(s) for withdrawing from the programme, and/or course(s) is:			
Clearly describe your situation and provide evidence of such			
cicarry describe your situation and provide evidence or such			
(Use separate sheet if needed)			

Date:

DECISION – KAIMAHI TO COMPLETE	DECISION – HEAD OF SCHOOL/NPC	
Has <u>discussion</u> taken place between yourself and the tauira?	I recommend	
Yes No <u>Date</u> of discussion / /	Withdraw from programme Post 10% Withdrawal	
10% Date / / Course Start Date / /	Withdraw specific courses Post 10%	
Last Date of Attendance or Notified WD Date / *	Comment	
Record and Outcome of Discussion	Comment	
I confirm that I have checked that there are no results for the courses that are being withdrawn	Recommend Refund Yes No No	
Initial Date /	NPC Signature	
Recommendation	Print Name	
	Date	
	HOS	
Kaimahi Signature	Signature	
Print Name	Print Name	
Date / /	Date /	
*Date that will be entered into Artena		
•NOTE	OFFICE USE ONLY	
- attach attendance register - other support documents attached e.g. emails, etc.	Date Rec'd by Admin	
- courses with results are not able to be WD	Received by:	
WITHDRAWAL COMITTEE	Actions:	
Comment:	Full credit and refund, No EFTS	
	Letter to student with credit & refund copy No credit or refund, claim 100% EFTS	
	Copy of letter to student file with	
	credit/refund copy (for records)	
	Partial Credit or Refund, claimpaHand EFTS	
Decision	Full time to part time, advise StudyLink	
	Pre 10%: Post 10%:	
	No Show Personal Reasons	
	Completed and to file:	
	Completed by:	
Signature Date / /	Please forward application to:	
Signature Date / /	Enrolment and Academic Administration, Te Whare Wānanga o Awanuiārangi, Private Bag 1006, Whakatāne	
Signature Date / /	PLEASE NOTE THAT INCOMPLETE FORMS ARE UN- ABLE TO BE PROCESSED	