

FILLED IN ON BEHALF OF TAUIRA BY KAIAKO	
Name:	
Sign:	
Date:/	

WITHDRAWAL FORM

Use this form when requesting to withdraw from a programme or a course(s) within 10% of the course completion date.

SECTION A: TAUIRA M	IUST COMPLETE ALL PARTS OF THIS SECTIO	N * CONTACT DETAILS IF CHAN(GED				
PERSONAL AND PROGR	AMME DETAILS						
Tauira ID							
Tauira Name							
Contact Address							
Contact Phone Number							
Programme Name							
Kaiako Name(s)							
	y from the entire programme.	No lf No go to	Doint 2 holow				
I would like to withdraw	from the entire programme: Yes the following course(s): Yes	No If No, go to	Point 2 below				
2. I WOULD LIKE TO WITHURAW	the following course(s).						
WITHDRAW FROM:							
Course Code: Course Titl	e: (Course Code: Course Title:					
	drawing from the programme, and/or co		F 1				
Cannot afford it			Family commitments				
Moving elsewhe			Course requirements not met				
Did not like the	Codi 30	te the tutor	Other				
Work commitme	ents						
Other (please give reasons)	:						
			(Use separate sheet if needed)				
4. What do you intend to	o do once you have withdrawn from the	e programme, and/or course	(s)				
Look for work		my health	Look after whānau				
Travel	I have a jo	b organised	Other				
Study at another institution: name of programme/course							
	N	on					
	Name of instituti	OH					

2024_WD_V1

DECISION - KAIAKO TO COMPLETE

Has a discus	ssion taken	place between yourself a	ind the tai	uira?		
Yes	No	<u>Date</u> of discussion:	/	/	*Date that will be entered into SMIS	
		Course Start Date	1	/	NOTE attach attendance register	
		10% Date	1	1	- other support documents attached e.g. emails, etc courses with results are not able to be WD	
Last Dat	te of Attend		1	1		
Last Dat	Last Date of Attendance or Notified Date* / /				I confirm that I have checked that there are no results for the courses that are being withdrawn	
Record of	Record of Discussion & Recommendation:				Initial: Date: / /	
					Butt. 7	
					Kaimahi Signature	
					Print Name	
		NPC			HEAD OF SCHOOL	
l approve					Simple	
	Withdraw from courses				Signature	
Withdra	aw from pro	gramme			Print Name	
Signature					Date / /	
Duint Mana					Date	
Print Name					•NOTE	
Date				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'o	d by Admin		Received	by:		
Actions:	·					
	Full credit ar	nd refund, No EFTS			Letter to tauira with credit and refund copy	
		refund, claim 100% EFTS		Copy of letter to tauira file with credit/refund copy (for records)		
		t or Refund, claim EFTS			Full time to part time, advise StudyLink	
<u>Pre 10%:</u>	No Show	Alternative Program	nme	Change C	Campus Data Entry Enrolment Cancelled	
Post 10%		Aitemative Frogram	iiiie	Charige C	Linoinetit Cancelled	

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

Completed by:

Personal Reasons

Completed and to file: