



# NOTIFICATION OF CHANGE OF COURSE OR WITHDRAWAL FROM PROGRAMME

**SECTION A: STUDENT MUST COMPLETE ALL PARTS OF THIS SECTION**  
**PERSONAL AND PROGRAMME DETAILS**

Student ID

Student 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  as of Date

2. I would like to withdraw from and/or enrol into the following course(s):

WITHDRAW FROM:		ENROL IN:	
Paper Code:	Course Title:	Paper 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/course(s) are:

Can't afford it                       Found a job                       Family commitments  
 Moving elsewhere                       Health reasons                       Can't meet course requirements  
 Didn't like the course                       Didn't like the tutor

Other (please give reasons):

(Use separate sheet if needed)

4. What do you intend to do once you have withdrawn from the programme/course(s):

Look for work                       Look after my health                       Look after whānau  
 Travel                       I have a job organised

Study at another institution: name of programme/course   
 name of institution

Student Signature:  Date

## DECISION – LECTURERS TO COMPLETE

Has discussion taken place between yourself and the student? Yes  No

Date of discussion:  /  /

Confirmed Date of Official Withdrawal  /  /

Course Start Date:  /  /

Last date of attendance  /  /

Record and Outcome  
of Discussion:

Recommendation:

Lecturers Signature:

Date

## DECISION – HEAD OF SCHOOL

I approve the course change(s)/withdrawal Yes  No

Recommendation:

Withdraw from programme  Claim full EFTS/fees (Withdrawal after 10% point of programme)

Do not claim full EFTS/fees (Withdrawal before 10% point of programme)

Withdraw specific courses  Claim full EFTS/fees

Do not claim full EFTS/fees

List courses

Head of School Signature:

Date

## DECISION – CHIEF FINANCIAL OFFICER

CFO Sign-off:

Date

## OFFICE USE ONLY

Date Rec'd by Admin

Received by:

Actions:

Full credit and refund, No EFTS

Full time to part time, advise StudyLink

No credit or refund, claim 100% EFTS

Letter to student with credit and refund copy

Change status to EW – CA or EW No sub

Copy of letter to student file with credit/refund copy (for records)

Completed and to file:

Completed by: