

VET Student Loans Withdrawal Form

By completing and submitting the VET Student Loans Withdrawal Form* you (the student) will discontinue the Course of Study or Unit/s of Study with Benchmark College and will need to re-apply for admission to study in the future.

Please note: to avoid incurring a VET Student Loan debt you must withdraw from a Unit of Study **on or before the census day**.

The date VET Student Loans Withdrawal Form* is received by Benchmark College is the date you are deemed to have withdrawn from the Course of Study or Unit/s of Study.

*VET Student Loans Withdrawal Form or an email or letter of intention to withdraw.

Personal Details

| | | | |
|----------------------|--|-----------------------|--|
| Student Name: | | Date of Birth: | |
| CHESSN: | | | |
| Email: | | | |
| Address: | | | |
| Phone: | | | |

Please tick your request/s

- I wish to withdraw from my Course of Study
- I wish to withdraw from my Unit/s of Study

If applying for special circumstances for incurred debt to be re-credited after the census date, you must be able to provide supporting documentation with this application.

Special circumstances are circumstances that include one or more of the following¹:

- medical circumstances of the student;
- circumstances that relate to the student personally or to the student's family;
- circumstances relating to the student's employment.

Withdrawal Details

| VET Course (Qualification) Code and Name |
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| VET Unit of Study | Office Use Only | | |
|-------------------|-----------------|------------|-------------------|
| | Start Date | Census Day | Upfront Fees Paid |
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¹ VET Student Loans Rules 2016, Part 8, Division 1 – 146 (1)

VET Student Loans Withdrawal Form

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|---|--|
| I understand that: | |
| <ul style="list-style-type: none"> ▪ by completing and signing this form I will discontinue my enrolment in the course or unit/s of study specified in this form and that, I will need to re-enrol in the unit/s to complete these. ▪ should I wish to re-enrol in the unit/s of study or enrol in subsequent unit/s of study after my withdrawal, I must contact Benchmark College and complete a new application form. | |
| I declare the information I have given on this application is correct. Please amend my records to show that I am withdrawing as indicated above. | |
| Student Signature: | |
| Date: | |

OFFICE USE ONLY:

| | |
|--|--|
| Date received: | |
| Received by (staff name): | |
| Amend student management system: | |
| <input type="checkbox"/> Withdrawn without penalty | |
| <input type="checkbox"/> Failed | |
| Additional notes (if applicable): | |
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