

STUDENT REQUEST TO CANCEL

Students complete and submit this form to request their course be cancelled.

STUDENT DETAILS

Name:	
USI:	
Email Address	
Postal Address:	

COURSE DETAILS

Course Code:	
Course Name:	

CANCELLATION

Choose the relevant cancellation request below

<input type="checkbox"/>	I would like to cancel my current course as I want to re-enrol with ACCCO in a different course/funding
<input type="checkbox"/>	I would like to cancel my current course for the following reason:

STUDENT DECLARATION

By signing this declaration, you agree to the following:

- ✓ I would like to cancel my current course
- ✓ I acknowledge the fees I have accrued for my course as per the course fee details that I agreed to at enrolment.
- ✓ I understand that I will only receive a Statement of Attainment for units of competency that I have been assessed as competent if my accrued fees are paid in full.
- ✓ I confirm my postal address recorded above is correct
- ✓ I can confirm my email address recorded above is correct
- ✓ I acknowledge that my course is formally cancelled after this request is processed and I receive a cancellation letter from ACCCO.

Signature:		Date:	
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Note: Please submit this form to your trainer so they can action your request to cancel

Note: Submission of this form will not trigger cancellation of automatic payments. Contact ACCCO Finance on 1300 139 406