WITHDRAWAL FORM

This Form is to be completed by students who wish to withdraw from their course at Marriott Academy after completing six months of their principal course of study. Students who intend to transfer to another education provider after this period generally do not require a release from Marriott Academy; however, they must still complete the required withdrawal or cancellation process by submitting this form.

Please note that any applicable refund will be processed in accordance with Marriott Academy's Fees and Refund Policy. Students who believe they may be eligible for a refund must also complete a Refund Request Form. Students are advised to contact the Department of Home Affairs to understand any possible impact on their student visa.

Date:	
Student Name:	
Student ID:	
Date of Birth:	
Email:	
Contact number:	
Address:	
Course:	

Reason for Withdrawal:

Specify the exact date from which you would like your withdrawal notice to take effect:

If the reason for withdrawal is transfer to a new education provider, provide the details of your new education provider below:	
Provider Name	
Provider CRICOS Code	
Provider Address	
Provider Telephone	
Qualification Code & Title	
Duration of Course (weeks)	
Course Start & End Date	

Student Declaration

☐ I declare that the information I provided in this Withdrawal Form and all supporting documents submitted are true, complete and accurate.

☐ I acknowledge that Marriott Academy will process my withdrawal request in accordance with its policies and procedures and that additional supporting evidence may be requested where required.

☐ I acknowledge that any applicable refund will be assessed in accordance with Marriott Academy's Fees and Refund Policy and that outstanding fees may still be payable.

☐ I also understand that it is my responsibility to contact the Department of Home Affairs to check any impact on my student visa.

Student Name:			
Date:		Signature:	

Office Use Only

Received and checked by: Name: Date:

Fees up to date	☐ Yes ☐ No	Total paid:
If **No**, add comments:		
Agent Name:		Commission paid (if any): $_____ Commission due (if any): $_____
Evidence provided	☐ Yes	☐ No
Exit interview conducted: Date of exit interview:	☐ Yes	☐ No If No, specify reason:

Processing staff:		Signature:	

Authorised Management Approval:	
Designation:	Name:
Signature:	Date:

Decision on the Request:	☐ Granted	☐ Not Granted
☐	PRISMS Processed	Date:
☐	Student notified	Date:
Student File Checklist for Withdrawal:	☐ Evidence of "Notification given to student" has been attached in the file ☐ Documentary Evidence including this form and supporting documents have been kept in file	