

Course Cancellation Request Form

1 Personal Information

Name:

Student Number: Enrolment Date:

Course Code and Name:

Phone: Mobile Phone:

Primary Email*:

2 Reason for Cancellation

please select the main reason you have decided to cancel your course, please also attach evidence to support your application if applicable (medical certificates and letters, etc)

<input type="checkbox"/> Medical condition	<input type="checkbox"/> Financial hardship	<input type="checkbox"/> Incorrect advice at enrolment
<input type="checkbox"/> Changed mind about course	<input type="checkbox"/> Course more difficult than expected	<input type="checkbox"/> Support services
<input type="checkbox"/> Course materials	<input type="checkbox"/> Other (please specify) <input type="text"/>	

If your reason for cancelling your course is not due to personal circumstances please elaborate below:

Course Cancellation Conditions

If you wish to terminate your studies before the completion of the course, you must notify Mentor Education (A&NZ) in writing ("Cancellation Request"). A refund of the Course Fee, less the applicable administrative fees as outlined in the Schedule of Administrative Fees, (available on the Mentor Education website) will only be issued if Mentor Education (A&NZ) receives the Course Cancellation Request within 7 calendar days of the Agreement Date.

If you fail to complete and submit your Cancellation Request in writing within 7 calendar days of the Agreement Date, you will be liable to pay the Course Fee to Mentor Education (A&NZ) in full. Declaration I have read the conditions and declare that the information I have provided is correct and complete. I understand that any course cancellation must comply with the terms and conditions of enrolment.

Declaration

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Signature: Date: