

## **Course Withdrawal Form**

STUDENT INFORMATION

Last Name:	Fi	irst name:	
Student ID:	D	ate of Birth:	
Mobile:	E	mail:	
I WISH TO WITHDRAW FROM THE FOLLOWING PROGRAMME:			
□ Certificate in General English with Examination Preparation			
CHOOSE REASONS FOR WITHDRAWAL:			
□ Visa decline (provide a copy of Immigration letter)			
□ Academic difficulty			
□ Transfer to other college or university (provide a copy of Offer of Place)			
□ Programme does not meet expectations			
□ Family issue			
□ Health	□ Health		
□ Other:			
*I understand if I withdraw from the programme of study at NZEA, I will be in breach my visa condition, and may be liable for deportation and required to leave New Zealand.  Student Signature: Date:			
Parent Signature (if under 18)		Date:	
FOR OFFICE USE ONLY  Reference No.: Course Start Date:			
Applying: □ in person	□ email □ po	JSI .	
<ul> <li>□ Visa denial copy attached</li> <li>□ Copy of plane ticket attached</li> <li>□ Copy of Offer of Place</li> <li>□ Other required document attached</li> </ul>	hed		
Approved by	Signature	Data	