

Auckland City Campus

PO Box 105865, Auckland Centre 1010 Facsimile: 0064 (09)356 6668 Telephone: 0064 (09)356 6668 Email: info@nzios.ac.nz Website: www.nzios.ac.nz

Withdrawal Application Form

Version 5

Student Detail				
Student Name:	Student ID:			
Date of Birth:	(If student is under 18, must provide parents /caregiver approved letter)			
Email:	Phone Number			
Address				
Visa Type:	□ Student Visa □ Visitor □ Work Visa □ NZCZ/PR □ Other			
Current Course:	General English NZCEL Level 4 Other			
Intake / Subject:				
Course Start Date:		Course End	Date:	
Reason for Withdrawal: <i>Please state clearly</i>				
			D (a)	D (14 - 1 / 17
Student Signature:	Date: Day / Month / Year			
If request for refund, please complete refund application				
Management Use Only				
Parents have been contacted and approved for Withdrawal (For students under 18)				
Outcome:	Approved D	Declined	1	T
Operation Manager Signature:			Date:	Day / Month / Year
Comments: (<i>if relevant</i>)				
Office Use Only				
Registrar to complete:	 Database updated Inform relevant staff Inform INZ 			
Administrator Signature:			Date:	Day / Month / Year
Note: Students under 18 years of age must provide either proof of enrolment in another school or proof that they are returning home before withdrawal can be approved. If this proof is not provided, withdrawal must be declined until arrangements for one of these have been made.				

