

Name:

Sign:

Date: / /

COMPASSIONATE WITHDRAWAL FORM

Use this form if you are wanting to withdraw from your programme or course(s) post 10% completion due to extenuating circumstances, and are wanting to apply to withdraw without academic and/or financial penalty.

SECTION A: TAUIRA MUST COMPLETE ALL PARTS OF THIS SECTION *CONTACT DETAILS IF CHANGED PERSONAL AND PROGRAMME DETAILS

Tauira ID

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Tauira Name

Contact Address

Contact Phone Number

Programme Name

Kaiako Name(s)

- I would like to withdraw from the entire programme: Yes No If No, go to Point 2 below
- I would like to withdraw from the following course(s): Yes

WITHDRAW FROM:

Course Code: Course Title:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- I would like to request a refund of my programme or course fees
- I would like to request a fee waiver for my future enrolment
- My reason(s) for withdrawing from the programme, and/or course(s) is:

Clearly describe your situation and provide supporting evidence

(Use separate sheet if needed)

Tauira Signature:

Date:

 / /

DECISION – KAIAKO TO COMPLETE

Has a discussion taken place between yourself and the taura?

Yes

No

Date of discussion / /

Course start date / /

10% completion date / /

Notified withdraw date* / /

Record and Outcome of Discussion

I confirm that I have checked that there are no results for the courses that are being withdrawn

Initial

Date / /

Recommendation

Kaiako Signature

Print Name

Date / /

*Date that will be entered into SMIS

Note

- attach attendance register
- other support documents attached e.g. emails, etc.
- courses with results are not able to be WD

WITHDRAWAL COMMITTEE

Comment:

Decision

Signature

Date

 / /

Signature

Date

 / /

Signature

Date

 / /

DECISION – HEAD OF SCHOOL/NPC

I recommend

Withdraw from programme

Withdraw specific courses

Comment

Recommend Refund

Yes No

NPC

Signature

Print Name

Date

 / /

HOS

Signature

Print Name

Date

 / /

OFFICE USE ONLY

Date Rec'd by Admin

 / /

Received by:

Actions:

- Full credit and refund, No EFTS
- Letter to student with credit & refund copy
- No credit or refund, claim 100% EFTS
- Copy of letter to taura file with credit/refund copy (for records)
- Partial Credit or Refund, claim EFTS
- Full time to part time, advise StudyLink

Complete and filed:

 / /

Completed by:

Please forward application to:
Enrolment and Academic Administration,
Te Whare Wānanga o Awanuiārangī, Private Bag 1006, Whakatāne

PLEASE NOTE THAT INCOMPLETE FORMS ARE UNABLE TO BE PROCESSED