SYDNEY METROPOLITAN INTERNATIONAL COLLEGE
RTO 45523 | CRICOS Provider 03792E

Sydney Metropolitan International College
Suite 2, Level 5, 545 Kent Street
Sydney | NSW 2000 | AUSTRALIA

Telephone: +61 2 9744 1356
Email: info@smic.edu.au
Web: www.smic.edu.au
ABN: 35 616 159 276

STUDENT WITHDRAWAL REQUEST FORM

1. STUDENT DETAILS

Student ID Number:	
Student Name:	
Date of Birth:	
Course name:	

2. WITHDRAWAL REQUEST

[*All boxes must be ticked.]*

☐ I wish to discontinue my studies in the above course, effective from___ /___ /_____ because (please write reasons below):

(This must be a future date. If you intend to complete your current level, use the first day of the next level), and

☐ I have considered Leaving from studies and it is not the right option for me, and

☐ I do not wish to have the option of returning to this Course, and

☐ I understand that as an international student withdrawing from the course at SMIC, I am required to provide evidence: either

- a flight itinerary going home, or
- a copy of my offer letter and COE from a new education provider, or
- a copy of the change of visa.

☐ I've attached the relevant evidence.

3. STUDENT DECLARATION

I certify that all information including any supporting evidence provided in this request is true and correct. I also declare that I have read and understood the relevant policies of the college in regard to the withdrawal including fees and charges, and also possible effects to my student visa status under various government legislation.

Signature: Date:

4. SUBMISSION OF FORM

Please submit the completed form using one of the options below: Email:
info@smic.edu.au
In-person: Sydney Metropolitan International College, Suite 2, Level 5, 545 Kent Street, Sydney, NSW 2000

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OFFICE USE ONLY

Withdrawal request ☐ Approved ☐ Not approved / Reasons:

Approving Officer's Name:	
Signature:	
Date:	___/____/_____