



Student Withdrawal Request Form

PLEASE NOTE: These documents will take at least ONE WORKING DAY to process. Processing from Public Trust may take an additional 3 to 5 working days.

Student ID Number: _____ Date of Birth: ____/____/____

Student First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Address: _____

Date of request: ____/____/____ Do you require a refund:

Detailed reason for withdrawal (please attach any supporting documentation or evidence)¹

Agent Details:

¹ NOTE: Please refer to section 3.1 of the student handbook for refund conditions available at <http://www.atmc.ac.nz/forms-and-downloads/>. As stipulated and acknowledge by the student signing the student enrolment form and providing payment, ATMC NZ reserves the right to retain a percentage of student fees in accordance with section 3.1. Discretionary refunds will be considered based on the validity of the reason for withdrawal.

Office Use only

Received on: _____
By: _____

Public Trust form sent:
Public Trust form received:
Public Trust payment processed:

Academic team notified on: _____
By: _____

Immigration Notified:
SMS withdrawn:
Results updated:
FFDSG