



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)

Agent Details:

NOTE: Please refer to the student handbook for refund conditions. 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 the Student Study Contract (FR-004). Discretionary refunds will be considered based on the validity of the reason for withdrawal.

Office Use only

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| Received on: _____ By: _____ | Public Trust form sent: <input type="checkbox"/> Public Trust form received: <input type="checkbox"/> Public Trust payment processed: <input type="checkbox"/> |
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| Academic team notified on: _____ By: _____ | Immigration Notified: SMS withdrawn: Results updated: |
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