

Sydney Metropolitan Group Pty Ltd

T/A Sydney Metropolitan English Institute
Suite 2, Level 5, 545 Kent Street Sydney | NSW 2000 | AUSTRALIA

Telephone: +61 2 9744 1356 Email: info@smei.nsw.edu.au Web: <u>www.smei.nsw.edu.au</u> ABN: 88 614 264 023

## STUDENT WITHDRAWL REQUEST FORM

1. STUDENT DETAIL	S		
Student ID Number:			
Student Name:			
Date of Birth:			
Course Name:			
2. WITHDRAWAL RE	QUEST		
[All boxes must be ticked	d.J		
(This must be a future the next level), and  ☐ I have considered leav ☐ I do not wish to have to I understand that as ar required to provide evid  • a flight itinerary	date. If you intend to corving from studies and it is the option of returning to a international student with ence: either going home, or fer letter and CoE from a lange of visa.	nplete y s not the this Cou thdrawin	urse, and ng from the course at SMEI, I am
true and correct. I als college in regard to the	nation including any sup o declare that I have read	d and ur fees and	evidence provided in this request are aderstood the relevant policies of the charges, and also possible effects to ation.
Signature:		Date:	



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## 4. SUBMISSION OF FORM

Please submit the completed form using one of the options below:

Email: support@smei.nsw.edu.au

In-person: Sydney Metropolitan English Institute (SMEI), 432 – 434 Kent St, Sydney, NSW

2000

## **OFFICE USE ONLY**

OFFICE USE ONLI		
Withdrawal Request	☐ Approved	□ Not approved / Reasons:
Approving Officer's		
Name:		
Signature:		
Date:		