



Request for Change of Program - Withdrawal

Family Name: _____ Student ID: _____
Given Name: _____ Course Enrolled: _____
Email Address: _____ Contact #: _____
Address: _____

I, _____ hereby withdraw from my studies at the ICMS effective from _____

Please attach a letter stating your intention to withdraw. You must also complete all attached documents before submitting all forms to the Student Administration Office.

Student signature: _____

Item	Location / Name	Sign Off	Date
Written Withdrawal Advice	Student Administration		
Refund Policy Given Visa requirements explained	Student Administration and Student		
Library – No outstanding books	Library / Ms S Lavelle		
Accounts – No outstanding Fees	Accounts / Ms A Yu		
Housekeeping – Uniform returned / Room checked	Housekeeping / Ms S Mair		
Operations – Keys returned	Operations / Duty Mgr		
Exit Interview	Student Administration		

Office use only

- ICAS Change of Status Academic Record
 Withdrawal letter PRISM/DIAC Staff Advised
 Updated address in ICAS