



# application to cancel enrolment

This form is to be completed by students enrolled at DIBA seeking to cancel their enrolment. Documented evidence supporting circumstances/reasons for seeking cancellation is to be included with this application.

## STUDENT DETAILS

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name (s): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female Type of Study:  P/Time  F/Time

Method of Course Payment:  Upfront Payment  Debit Success Payment Plan  Vet Student Loan

## REASONS FOR REQUESTING CANCELLATION OF ENROLMENT

Please outline the circumstances/reasons for seeking cancellation of your enrolment:

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Do you have evidence to support the circumstances/reasons outlined?  Yes  No

If yes, please attach supporting documentation

## DECLARATION

1. I confirm the information provided in this form is true and correct.
2. I have read, understood and consent to DIBA's Terms and Conditions of Enrolment in regards to the fee payment and refund policy.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_

Address to post SOA (if applicable):

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### Office use only:

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|--|---|
| <input type="checkbox"/> Amended invoice and CAN re-issued (if applicable)         | <input type="checkbox"/> Withdrawn from units and discontinued in VETTRAK |
| <input type="checkbox"/> Statement of Attainment issued (if applicable)            | <input type="checkbox"/> Amended in HEPCAT (if applicable)                |
| Invoices amended Partners <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Lecturers advised                                |
| <input type="checkbox"/> Acknowledged receipt of form                              |   |
| <input type="checkbox"/> Campus Withdrawing from: _____                            |   |

Signed: \_\_\_\_\_ Date: \_\_\_\_\_