STUDENT WITHDRAWAL & DEFERRAL FORM

Form No: FM404E

Revision No: 01

Student to sign and complete this Form and forward to CTA Student Administration			
Date:			
Student Last Name:		**Student First Name:**	
Student Telephone No(s):			
Course Name:			
State Reasons for Withdrawal / Deferral:			
In signing this declaration I declare the following is true: • I agree and understand that I will be charged an administration fee of $150 • I have read, understood and agree to the terms and conditions of the Care Training Australia refund policy as stated in the CTA Student Handbook			
Student Signature:			

OFFICE USE

☐	**ATTP Claims completed**	☐	**Vettrak**
☐	**PETP Claims completed**	☐	**MYOB**
☐	**Other Claims completed**	☐	**Admin Fee $150 invoiced**

CTA Course Co-ordinator Name			
CTA Course Co-ordinator Signature			
CTA Admin Noted above by		**Date**	