

Form checked, scanned, entered by:	
STAFF MEMBER NAME:	

\_ Date:

Request received: By student in person By email

## WITHDRAW/DEFER IN CURRENT STUDIES

STUDENT TO FILL OUT "PART A" TO "PART D"

SUBMISSION: Submit on Monday to Friday (end of business day - 4.30pm)

PART A – Personal Details					
Student ID				Date of Birth	
Family name				First name	
Mobile				Email	
Are you under 18 years old?		🛛 No	Yes	(If yes, please a	ttach Approval Letter with Parents/Guardian' signature)

PART B – Programme Details					
Current course of study:					
Batch Number:		Semester Number:			
Last day of study:		_ (day/month/year)			

PART C – Withdraw/Defer Details				
<ul> <li>Withdrawal</li> <li>Deferral</li> <li>Deferral in</li></ul>				
REASON FOR WITHDRAW/DFFER (include s	REASON FOR WITHDRAW/DFFER (include supporting documentation)			
Medical (attach documents, examp	Medical (attach documents, example: Medical Certificate)			
<b>Family</b> (attach documents, example	<b>Family</b> (attach documents, example: Letter from family; Medical report; Death certificate; Financial evidence; etc)			
Other				
I have attached other documents providing evidence of my situation				
Manager Marketing -Approved	Name/Signature	Date:		
Programme Manager - Approved	Name/Signature	Date:		



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PART D – STUDENT DECLARATION						
I understand that,						
	Deferring can affect th	he duration of my course and I have discussed t	his with an ACE	3T representative	2.	
	Any applicable refund	I will be dependent upon the date of lodgement	of this Reques	t and for Pearso	n refund policy.	
	I have read and under	rstood the following Policies				
	<ul> <li>Admission Policy</li> <li>Defer/ Withdraw Policy</li> </ul>					
	The <b>outcome</b> of Defer	r/Withdraw Applications will be announced by c	lose of busines	ss <b>on Friday of th</b>	ie same week	
	If applicable, it is my after my last day of st	responsibility to advise the Sri Lankan Departn <sup>su</sup> dy.	nent of Immigr	ation and check	k how long I can stay in Sri Lanka	
I further c	leclare that all the infor	mation provided in this form and documents at	tached are true	e and I take full r	esponsibility for any consequences	
as the res	ult of my own decisions	5.				
Date:	//	Student signat	ure:			
		OFFICE USE ON	ILY			
ACBT REP	RESENTATIVE DECLAR	ATION				
		nation and conditions have been fully informed certified by myself before being stamped, scan			. This form and attached documents	
Special co	mments for considerat	tion:				
Course Co	oordinator's signature:			Date:		
PANEL – A						
Position		Name	Signed		Date	
Programm	ne Manager					
Message	to student (outcome of	application):				
J. J	·					