

ADD/WITHDRAW UNITS IN CURRENT STUDY PERIOD

Use this Form for	Keeping your enrolment at ACBT and wanting to add and/or withdraw units in the current study period			
Do not use this	Withdrawing from all studies at ACBT and not returning for future studies at ACBT	Please complete the "Course Withdrawal" Form		
Form	Withdrawing from current ACBT studies and returning at a later date	Please consider the "Course Deferral" Forms		
	Changing course/stream	Please complete the "Course Change " Form		

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Student Details								
Stude	ent ID:	T		Date of Birt	th:			
Give	n Name(s):			Email:				
Fami	ly Name:	Contact No:			:			
I am u	under 18 years	of age:	Yes/No	If yes, please attach	n writ	ten evidence o	f your parent/gua	rdian approving this request
Seme	ester:			Name of the Counselor :				
			M	IY REQUEST FOR ADD	ING	/WITHDRAWI	NG UNITS	
Please V Program: Pre-Foundation Foundation Diploma Advanced Diploma (
	Code/Name it to Add	Unit Code of unit to Withdray		Lecturer		e tabled v/time	Start date / Dropping date	Approval by Course Coordinator/APC
								☐ Approved
								☐ Approved
								☐ Approved
								☐ Approved
Diploma		ı	Enrolment Recorded	Grade on Transcript		nscript	Financial Implication	
Before end of Week 4			No		No		No Penalty	
Week 5 to end of Week 10			Yes		W= Withdrawn		No Refund	
From Monday of week 11		\	Yes		N = Fail		No Refund	
MY REASON						MY EVIDENCE and ATTACHMENTS		
I had a meeting with an ACBT		ACBT			Name of ACBT representative:			
representative, supporting my request				Signature of ACBT representative:				

MY REASON		MY EVIDENCE and ATTACHMENTS
I had a meeting with an ACBT		Name of ACBT representative:
representative, supporting my request		Signature of ACBT representative:
	,	Date of approval/meeting:
Other		I attach my personal statement indicating the reasons for my request
		☐ I attach evidence supporting my request



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RESPONSIBILITIES OF THE STUDENT					
By ticking these boxes I declare that I understand my responsibilities.					
	I must meet my study (and if applicable student visa) obligations, continue to attend classes in my current course, and wait for an email giving me instructions on the outcome of this application				
	If I have outstanding fees I understand I must clear all my debt (unpaid fees) as soon as this application is approved, otherwise ECC has the right to take legal action to recoup the debt owing.				
	Any refund entitlement on the current enrolment is based on the date of submission of the form and the evidence.				d the evidence.
	Academic penalties may apply dependent on the date of successfully submitting this request.				
	have read the following policies (https://www.acbt.net/policies): • Enrolment Policy • Refunds Policy				
		YOUR RIG			
	n entitled to a reply/outcome within 10 working o	•			• •
If my application is unsuccessful, I am entitled to submit an Appeal Request (Stage 2), within 20 working days from receiving my rejection notification.					
I further declare that all the information I have given in this form and all supporting documents I have provided are true					
and correct.			Date:		
ACBT OFFICE USE ONLY					
Recommendation by the Student Services Manager :					
	dent Services Managers ature:			Date:	
	pproved by Dean/ Principal gnature:			Date:	

ACBT Contact Details

Programme	Contact Officer	Email Address	
Compliance & Student Records	Ms. Nirodha Nirmani	Nirodha.Nirmani@acbt.lk	
Pre Foundation			
HND Business	Ms. Anoma Edirimanna	Anoma.Edirimanna@acbt.lk	
Foundation programmes			
HND Computing	Ms. Tharaka Rajapaksha	Tharaka.Rajapaksha@acbt.lk	
Diploma Computer Science Advance			
Diploma Computer Science			
Advanced Diploma of Nursing	Ms. Anuruddhika Jayarathna	Anuruddhika.Jayarathna@acbt.lk	
	Ms. Pubudika Rasangi	Pubudika.Rasangi@acbt.lk	
Diploma Business Management	Ms. Sudeshika Mendis	Sudeshika.Mendis@acbt.lk	
Advance Diploma Business Management			