



Withdrawal Professional Certificate

Complete and lodge this form with the Academic Support Officer, Allied Health & Human Performance

You must:

- Fill out sections A and B of this form
- Obtain advice and approval from the Course Coordinator
- Sign the declaration Part C

Part A: Personal Details

Student ID:	
Title: (Mr/ Miss/Ms/Mrs)	
First Name(s):	
Family Name:	
Date of Birth:	
Personal Email:	

Part B: Withdrawal from Program

Please only complete if you want to cease studying in the program therefore giving up your place in the course. Note that discussing options with the Course Coordinator is only optional, not required.

I wish to withdraw from	I have discussed my options with the Course Coordinator?
Professional Certificate in Clinical Education	Yes
Professional Certificate in Behavioural Activation for Depression	No

Part C: Student Declaration

- I acknowledge I have read and understand the Withdrawal, Cancellation and Refund Policy for the Professional Certificate and the cancellation fee that applies.
- I understand that I will forfeit my place in the Professional Certificate if I withdraw, and will be required to apply for re-admission, if I wish to continue my studies at a later date.

Student Signature:	Date:

LODGING YOUR APPLICATION: You are required to submit this form to:

Email:

pcpe.unisa.edu.au

Or Post:

Academic Support Officer
Allied Health & Human Performance
University of South Australia GPO Box 546
Port Pirie SA 5540

OFFICE USE ONLY

Withdrawal from Professional Certificate	
	Withdrawn from course
	Refund
	Database entry
	Form submitted to Campus Central
All Forms	
	Notify student to confirm processing and refund
	Withdrawal Policy Form