

## 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 the Professional Certificate**

<p>I wish to withdraw from</p> <p><input type="checkbox"/> Professional Certificate in Clinical Education</p> <p><input type="checkbox"/> Professional Certificate in Behavioural Activation for Depression</p>	<p>I have discussed my options with the Course Coordinator</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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**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:** [drhpostgrad@unisa.edu.au](mailto:drhpostgrad@unisa.edu.au)

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**OFFICE USE ONLY**

<b>Withdrawal from Professional Certificate</b>		
<input type="checkbox"/>		Withdrawn from course
<input type="checkbox"/>		Refund
<input type="checkbox"/>		Database entry
<input type="checkbox"/>		Form submitted to Campus Central
<input type="checkbox"/>		Course Coordinator Notified
<b>All Forms</b>		
<input type="checkbox"/>		Notify student to confirm processing and refund
<input type="checkbox"/>		Withdrawal Policy Form