

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

I wish to withdraw from	
<input type="checkbox"/> Professional Certificate in Clinical Education	<input type="checkbox"/> PCCE Course 1 <input type="checkbox"/> PCCE Course 2
<input type="checkbox"/> Professional Certificate in Behavioural Activation for Depression	
I have discussed my options with the Course Coordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part C: Student Declaration

<ul style="list-style-type: none"> • 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

OFFICE USE ONLY

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		Withdrawn from course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