

ELICOS CANCELLATION

Request Form

Family Name (Surname):	ants to withdraw from REW co		
Given Name:			
Student Number:		Class:	
Original Course Start Date:		Original Finish Date:	
Actual Course Start Date:		Actual Finish Date:	
Original Offered Weeks:		Actual Completed Weeks:	
Address in Australia:			Postal Code:
Contact Phone:	Personal Email:		
□ C. Other Details for Category B or C : (Please	provide supporting d	ecumentation)	
DOB:		(and on a student visa)?	Yes □ / No □
If you are under 18 RFW requires written parents	al approval for this request to	be processed	
Are you a sponsored student?			
	Yes □ / No □	Sponsor:	
Are you a sponsored student?	Yes □ / No □ itten approval from your spon iram and acknowledge the fund and Transfer or Fees Department of Home Affai	Sponsor: asor for this request to be processed as separate refund application Guidelines, which I have read	ed. n must be submitted. This will be and understood. I understand
Are you a sponsored student? If you are a sponsored student, REW requires with the requires to cancel my ELICOS progrocessed in accordance with the REW Reference that REW will report my cancellation to the I	Yes □ / No □ itten approval from your spon iram and acknowledge the fund and Transfer or Fees Department of Home Affai	Sponsor: asor for this request to be processed as separate refund application Guidelines, which I have read	ed. n must be submitted. This will be and understood. I understand

For Office use only:	
Date received:	Received by:
Action:	