

ABN 22 161 120 118 PO BOX 662 Pennant Hills NSW 1715 Australia P: +61 2 9847 0030 **bbi.catholic.edu.au** Higher Education Provider No: PRV14082 Email: studentservices@bbi.catholic.edu.au

UNIT WITHDRAWAL FORM (PRE AND POST-CENSUS DATE)

Updated September 2018

This form is to be used for all unit withdrawals in any given trimester. Students are reminded that withdrawal from a unit after the census date retains the financial liability for that unit unless the student is able to demonstrate that their withdrawal was necessary due to exceptional circumstances beyond their control that eventuated on or after the census date in that trimester. PLEASE ENSURE THAT THIS APPLICATION FORM IS SIGNED AND DATED AND IS RECEIVED BY BBI ON OR BEFORE THE CENSUS DATE TO AVOID FINANCIAL PENALTY. Please refer to BBI's Withdrawal from a Unit Policy and Refund Policy.

| Title | First Name | Surname |
|-----------------|------------|---------|
| Student Number_ | | Course |

Unit enrolment information:

| I wish to withdraw from | the following unit/s with BBI | wing unit/s with BBI | | |
|-------------------------|-------------------------------|----------------------|-------------------|--|
| Trimester: | Trimester 2 2018 | Trimester 3 2018 | □Trimester 1 2019 | |
| Reason for withdrawal_ | | | | |

□ I wish to request a remission of fees for this trimester.

Exceptional circumstance requiring withdrawal from the unit after the census date (please select):

- □ Serious illness or injury
- Death of a family member or close loved one
- Sudden and unexpected loss of employment
- Sudden and unexpected financial hardship
- □ Other (please specify) _

If requesting a remission of unit fees documentation must be supplied to support the application, for example medical certificates, solicitor's notices, death certificate.

Please note that changes in work schedule, lack of understanding of BBI's enrolment processes, and lack of understanding of the regulations regarding Fee-Help are not eligible reasons for remission of fees.

Signature_____

Date_____

OFFICE USE ONLY

| Date Received: | |
|-------------------------------------|-------------------------|
| Academic Board Decision (Remission) | Approved / Not Approved |
| | Date: |
| | |
| Student Services Manager | |
| Recommendation (Remission) | |
| | |
| Student Withdrawn in System | Date: |