

Course Withdrawal Form

This form must be completed by any student wishing to formally withdraw from a course. Before submitting, students are strongly encouraged to speak with Student Services or their Trainer/Assessor to explore available support options. Refer to the Course Withdrawal Policy and the Fees, Refunds and Enrolment Transparency Policy for eligibility details and implications. All withdrawal requests are assessed in accordance with the Standards for RTOs 2025. All information provided will be managed in accordance with BLI's Privacy Policy and retained securely as per the Records Management Procedure.

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: ___

1. Personal Details

Title:

Given Name:	
Preferred Name:	
Surname:	
Date of Birth:	
Email:	
Contact Number:	
Address:	
	_1
2. Course Details	
Course Code and	☐ BSB50120 Diploma of Business (Development)
Name:	☐ BSB50120 Diploma of Business (Leadership)
	☐ BSB80320 Graduate Diploma of Strategic Leadership
	☐ Other (please specify):
Start Date of Course:	

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Date of Last Class

Attended:

3. Course Fees Paid	
Course Fees Paid:	☐ Yes ☐ No
Amount Paid:	\$
Note: Your fee payment sta Refunds and Enrolment Tra	atus may affect your eligibility for a refund. Please refer to the Fees, ansparency Policy.
4. Reason for Withd	lrawal
☐ Academic difficulties	
☐ Personal reasons	
☐ Medical reasons	
☐ Transferring to anothe	r provider
☐ Enrolment cancelled by	y BLI due to conduct breach
☐ Other (please specify):	
Please provide further de	tails below:
5. Student Declarati	ion
\square I confirm the informati	on provided in this form is accurate to the best of my knowledge.
☐ I understand that my w Refund Policy.	vithdrawal will be assessed in accordance with BLI's Withdrawal and
☐ I acknowledge that incorrequest.	omplete or inaccurate information may delay the processing of my
•	thdrawal may affect my entitlement to a Statement of Attainment or
□ I understand I have the Policy.	e right to appeal this decision under BLI's Complaints and Appeals
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\square I am submitting this form electronica signature.	lly and acknowledge that my typed name serves as my
Signature:	Date:
Submit this form to Student Services or	via email to: info@blendedlearning.edu.au.

Your request will be acknowledged within 5 working days and processed within 10 working days

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once all documentation is received.