

Campus: _____

Student Name: _____

Student Number: _____

Account Payer/Company name: _____ Full Time Part Time

Qualification registered for: _____

Qualification Start Date: _____

Date of cancellation request: _____

Date of Appeal request: _____

Full contract amount: _____

Contract amount "Method A": _____

Cancellation Outcome: _____

Reason for appeal request:

Academic Financial Medical Administrative Other

Principal's Comments:

Principal's Signature: _____ Date: _____

Please ensure the following documents are available:

- Copy of Registration Contract
- Copy of latest statement of account
- An appeals letter from Student/Fee Payer with supporting documentation
- Copy of Cancellation request form and motivational letter
- Copy of attendance record (where applicable)