

Withdrawal from course

Course code (if applicable).....

Course name

First Name: _____

Last Name: _____

Qantas Staff ID: _____

Participant No: _____

Department: _____

Location: _____

Postal address: _____

Contact Phone Numbers: _____ Mobile _____

Email address: _____

I hereby request to withdraw from the following (please circle clearly either or both of the following)

Full course

Partial course as per competencies or modules listed below

Name of qualification or course

Competencies or modules being withdrawn from:

Code No	Competency or Module Title

Applicant's name: (Please print clearly)

Applicant's signature Date

Approver Signature (Qantas College) Date

Records noted: Name Date