



Withdrawal application

This form is to be completed by students wishing to withdraw from a course and/or from unit(s) at LCI Melbourne. Please note, that depending on when the application is lodged, students may be liable academically and financially.

To avoid academic and/or financial liabilities, domestic students should submit the application to student services on or **before** census date for the applicable study period. International students should submit this application **before** course commencement, discuss any withdrawal intentions directly with the Student Support Manager.

Personal Details

Full Name

Student ID (If known)

Date of Birth

Course and Major

Unit withdrawal

I wish to withdraw from the following units:

Year	Sem.	Unit Code	Unit Name	Census date

Course withdrawal

I wish to withdraw from my whole course.

Additional required information:

I am not currently enrolled in any units

I am currently enrolled, but wish to withdraw after my current study period

I have not yet commenced study.

I am currently enrolled and wish to withdraw from all units.

Reason for request - Please briefly outline why you are requesting a withdrawal

LCI Melbourne

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LCI Melbourne

Intentional students only

Are you requesting a letter of release?

Yes No

If yes, have you:

Provided a Letter of Offer from another college?

Yes No

Read the International Student Procedure?

Yes No

And either:

Completed at least 6 months of your course at LCI Melbourne?

Yes No

OR

Provided evidence of compassionate and compelling reasons for withdrawal?

Yes No

Supporting documentation (International students only)

Please tick the relevant document from the list below. If you have ticked 'Other', please provide a brief note in the box provided and attach all relevant evidence to this form.

- | | |
|---|--|
| <input type="checkbox"/> Medical Certificate | <input type="checkbox"/> Letter of Offer |
| <input type="checkbox"/> Police report | <input type="checkbox"/> Letter detailing withdrawal reason |
| <input type="checkbox"/> Counsellor/Psychologist evaluation | <input type="checkbox"/> Statutory Declaration (outlining circumstances) |
| <input type="checkbox"/> Court or legal documentation | <input type="checkbox"/> Other (please specify and attach documentation) |

Declaration

- I declare that to the best of my knowledge, the information I have supplied on this form is true and correct.
- I understand that my withdrawals are governed by the Admission and Leave, Withdrawal, Exclusion, Suspension policies.
- I am aware of any potential financial/academic penalties associated with withdrawing from my course or units.

Student Signature

Date

I am the parent/guardian signing on behalf of an under 18 student (if applicable).

Parent/Guardian Signature

Parent/Guardian Full Name