

Enroli	ment Cancellation Form	
Australian International Student	Off-Shore Student	
Student Name:		
Student ID: RBA	Date of Birth:	
Address:		
Contact No. (Ph.)	(Mobile)	
Email:	•	
Email:		
International students must state the recent for	cancelling their course because PTO Connect	Dtv Ltd T/A Poval Building

International students must state the reason for cancelling their course because RTO Connect Pty Ltd T/A Royal Building Academy (referred as RBA) is obliged to report the cancellation to the Department of Home Affairs (DHA). Also, all supporting documents should be attached along this form. Please refer to Fee payment and Refund Policy for any applicable refunds. You can find the Fee Payment and Refund policy at our reception and on our website <a href="www.rba.vic.edu.au">www.rba.vic.edu.au</a>.

## Please choose the courses below for the cancellation.

SELECT Course	COURSE CODE	Qualification	CRICOS Course Code
[]	CPC30620	Certificate III in Painting and Decorating	115077A
[]	MSF30322	Certificate III in Cabinet making and Timber Technology	115078M
[]	RII60520	Advanced Diploma of Civil Construction Design	115075C
[]	BSB40120	Certificate IV in Business	115076B

Please specify the reason for cancellation of your enrolment:



**ROYAL BUILDING ACADEMY** 

Students are requested to complete the section below if enrolment is being cancelled based on Transfer between another provider.

Transfer to another provider - Request Detail:

Requests will not be processed until supporting documents are provided.

You will have to provide the following evidence for Royal Building Academy to be able to process your application request:

- 1. A copy of a valid enrolment offer letter with an approved provider.
- 2. A letter explaining the reasons for your transfer request.

Royal Building Academy has the right to refuse <u>students release requests made within the first six (6) months of Principal course</u>. Please refer to Royal Building Academy Policies and Procedures or your Student Handbook

Student's Signature:	Date:
For Office Use Only	
Received by:	
Signature:	Date:
If enrolment is cancelled bas	ed on transfer between providers (complete the sections below)
Decision	
Release approved?	□ Yes □ No
Reason:	
Comments (If any)	
Date Letter Issued to	
Student:	0. ## !!
Signature:	Staff full name:
Date:	