



Application for Withdrawal

STUDENT DETAILS

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

(DD/MM/YY)

LE CORDON BLEU STUDENT ID

ADDRESS

MOBILE PHONE

EMAIL ADDRESS

CURRENT PROGRAMME

STAGE

ARE YOU ENROLLED IN A PACKAGED PROGRAM (I.E. MORE THAN ONE QUALIFICATION)?

YES

NO

HAVE YOU COMPLETED 6 MONTHS IN YOUR PRINCIPAL COURSE?

YES

NO

WITHDRAWAL DETAILS

PROGRAMME(S) WITHDRAWING FROM

WITHDRAWAL EFFECTIVE FROM

REASON FOR WITHDRAWAL

ACADEMIC

CHANGE PROGRAM

FINANCIAL

MEDICAL

WORK OPPORTUNITY

CHANGE PROVIDER - NAME OF INSTITUTION

OTHER

DECLARATION

By submitting this form you agree to the terms and conditions of Le Cordon Bleu Australia policies found at www.cordonbleu.edu/australia/home/en and have completed this application form in accordance with the policies.

SIGNATURE OF STUDENT

DATE

OFFICE USE ONLY

LE CORDON BLEU DECISION	/ /	APPROVED	NOT APPROVED	SIGNATURE:
ALUMNI STATUS	/ /	ELIGIBLE	NOT ELIGIBLE	SIGNATURE:
SYSTEMS UPDATED	/ /	EM PORTAL	PRISMS WN	SIGNATURE:
STUDENT NOTIFIED OF OUTCOME	/ /			SIGNATURE:
FINAL STATUS CHECKED	/ /	AMOUNT OWING (if any) \$.....		SIGNATURE: