

Course Withdrawal Form

Educate. Learn. Empower. Lead

Personal Details				
Student ID:				
Surname:				
Given Names:				
Date of Birth:				
Email:				
Home Address:				
		State:		Postcode:
Home Number:			Mobile Number:	
Course Withdraw	/al			
Course Code:				
Course Title:				
Declaration				
I understand that I am withdrawing from my course enrolment/s with ICAN Learn and will no longer be able to access any of the course teaching material or attend any of the face to face or online training sessions associated with the course/s of study I am cancelling my enrolment for.				
You may sign this electronically provided you se and Adobe Certified Digital Signature. Otherwise a handwritten signature is required.				
Student Signature:				
Date:				
Please email your signed Course Withdrawal form to administration@icanlearn.edu.au				
Please do not hesitate to contact the ICAN Learn team if you have any questions via administration@icanlearn.edu.au				

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