



UTS Insearch Student ID Number						

## Application to Withdraw (Domestic Student)

Date of Application (DD/MM/YYYY):

FEE-HELP Student?  Yes  No      Census Date (DD/MM/YYYY):

Family Name:

Given Names:

Date of Birth (DD/MM/YYYY):

Unit No:           Street No:

Street Name:

Suburb:                           Postcode:

Telephone:                           Mobile:

Email:

**Reason for Withdrawal:**

Transfer to other school. Reason: \_\_\_\_\_

CTW     Financial     Medical

Other (please give details): \_\_\_\_\_

Please return your UTS Insearch student card to the UTS Insearch Student Centre.

Student Signature:

Date (DD/MM/YYYY):

Parent/Guardian Signature:

Date (DD/MM/YYYY):

## Lodging this form

Email (preferred lodgement method) to: studentcentre@insearch.edu.au

**In Person:** Ground Floor,  
187 Thomas Street  
Sydney NSW 2000  
Australia

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## OFFICE USE ONLY

Application received by:  Student Centre

Initials:   Date (DD/MM/YYYY):

Student under 18 years old?  Yes  No

Assessed by: Student Centre \_\_\_\_\_

Date (DD/MM/YYYY):

Application approved  Application rejected

Student notified by:  Email  Mail  Phone  In person

Staff name: \_\_\_\_\_

Notes: \_\_\_\_\_

UTS Insearch CRICOS provider code: 00859D | UTS CRICOS provider code: 00099F  
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