

Withdrawal/On-Hold form

Full-time to Part-time form

| | | |
|--------------------|--|-------------|
| Surname | | First name: |
| Student ID | | |
| Home address | | |
| Email address | | |
| Programme of study | | |

Please choose ONE of the following three options:

| | |
|---|---|
| <input type="checkbox"/> I wish to go ON HOLD effective from: Date _____ Semester _____ | <input type="checkbox"/> I wish to WITHDRAW completely from my programme of studies effective from: Date _____ Semester _____ |
| Reason for going on hold: _____ _____ _____ _____ I will return in semester _____ Year _____ <i>Which is within the 12-month period allowed for being on hold</i> <i>Please note: Approval for over 12 months must be applied for in writing to the relevant Director</i> I understand I will need to contact the Student Services team at National Office to confirm my return prior to the start date of the above semester | Reason for withdrawing: _____ _____ _____ _____ I understand I will need to apply to re-enter the programme at a future date and complete a new application form |
| <input type="checkbox"/> I wish to go from full-time to part-time. Paper I wish to continue in _____ Paper I wish to withdraw from _____ I understand that by withdrawing from one paper will mean this may delay my progress in the programme | |

I have notified and discussed my intentions with my lecturer/s and/or Leader Education Delivery

 Yes

 No

I wish to apply for a refund of fees as per the Student Handbook:

 Yes

 No

I understand that I may be liable for any outstanding fees as per the Student Handbook. Please refer to your Student Handbook for further information regarding withdrawing/going on hold and refund of fees.

Signature (student) _____ Date _____

Return this form immediately to National Office: studentservices@ecnz.ac.nz
or to: Te Rito Maioha, PO Box 12725, Thorndon, Wellington 6011