EXTENSION STUDIES WITHDRAWAL FORM



If you wish to withdraw from the Flinders University Extension Studies Program at any point after you have enrolled, it is essential that you notify us as soon as possible by completing the form below in full. Before withdrawing, you are strongly recommended to discuss your circumstances with your Extension Studies Program teacher, lecturer, tutor or Year 12 Coordinator and your parents/caregivers.

Student ID numb	oer:			
Given Name: _				
Family Name: _				
Email Address:				
Extension Studie	s Program T	opic:		
Semester 1	Code			
	Name			
Semester 2	Code			
	Name			
Please indicate y	our reason(s	s) for withdrawing:		
Subject material	is too challe	nging		
Workload is too	heavy			
Class times are	no longer co	nvenient		
Other reason(s)	or additional	comments		
Please list other	reason(s) or	additional comments:		
I authorise Flind Signed:	ders Univers	sity to cancel my enrolment in the Ext	tension Studies Program	
Olgillodi.				
Student		Parent/Caregiver	Teacher	