

WITHDRAWAL APPLICATION FORM

ABOUT THIS FORM

This form is to be used when applying to withdraw from your studies with IOIS. Please note that any refunds will be processed in line with the **IOIS Fees and Refunds Policy**. If you believe you are eligible for a refund, you must also complete a **Refund Application Form**.

STUDENT DETAILS

GIVEN NAME		SURNAME	
DATE OF BIRTH			
ADDRESS			
EMAIL ADDRESS			
PHONE		STUDENT NUMBER	
GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other

REASON FOR WITHDRAWAL

Please briefly describe the reason you have decided to discontinue your studies.

Please specify the date from which you wish this withdrawal notice to take effect.

DECLARATION

I declare that the information provided by me to the best of my knowledge is accurate and truthful and can be used to investigate the complaint or appeal.

STUDENT SIGNATURE	
DATE	

Please submit this form to our office via email or post.