



THE UNIVERSITY OF
MELBOURNE

RETURN FORM TO:

Melbourne Consulting and Custom Programs
The University of Melbourne
Level 3, 442 Auburn Road, Hawthorn VIC 3122 Australia
Phone: +61 3 9810 3245 • Fax: +61 3 9810 3149
Email: postgrad@mccp.unimelb.edu.au

Request to withdraw or take leave of absence

Please note there are certain dates after which you may not withdraw or take leave of absence from the subject / course without incurring a penalty.

1. STUDENT DETAILS

Student Number:

Title:

Family Name:

Given Name(s) in full:

Date of Birth: Day Month Year

Address: Street:

City: State: Postcode:

Country:

Telephone: Mobile:

Email:

2. WITHDRAWAL

Course:

Subject Code	Subject Name	Start Date	Office Use Only
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

As a result of this withdrawal, have you either completed or planning to undertake another subject this semester?

YES - please sign this form (Q5.) and return to MCCP

NO - please complete Q3. Leave of Absence or Q4. Discontinue Course, then sign this form and return to MCCP

3. LEAVE OF ABSENCE

I wish to apply for leave of absence from: to

Course:

Students are required to apply for a Leave of Absence if they fail to enrol in at least one subject each semester.
Semester 1 - 1 January to 30 June
Semester 2 - 1 July to 30 December

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4. DISCONTINUE COURSE

I wish to discontinue my course as of:

Reason:

5. SIGNATURE

Student's
signature

Date Day Month Year

OFFICE USE ONLY

Approved: Yes No

Signature

Date Day Month Year