

Course Withdrawal Request Form				
Student Name:	Student ID #	Student NSN #	Course Name:	
Date of course withdrawal:	Please describe the details or reasons for your withdrawal:			
For Office Use only	Date of exit interview:	Date NZIS notified:	NZIS notification on student file: Yes/No	Refund required Yes/No If yes, refund details on student file.
Staff name completing withdrawal process:	Notes from exit interview on student file Yes/No If no, reason for exit interview not conducted:			