## **Notification of Cancellation of Studies**

Student Name:			
Student Address:			
Student Address: Employer Name:			
Training Consultant's Name:			
Course:			
I wish to cancel my studies with TLC Training Solution	ons.		
Date of cancellation://			
I am cancelling my studies for the following reason/s	S:		
I understand my employer will be notified of my notification Student Signature:			_//
Ciddon eignatare.			
TLC Training Solutions will send you a Statement of processed your cancellation of studies.	Attainment for a	all competencies that were	completed successfully once we have
N.B Refunds of fees paid are not given for costs rela	ated to enrolmen	it or any units or skill sets o	ordered regardless of whether unit/skill set
has been commenced. No refunds apply to Higher L		-	-
Trainees and Apprentices must discuss cancellation			
Departmental form.	·	•	
Refer to your Student Handbook for further details.			
Please r	return this form t	o TLC Training Solutions	
POE	Box 508 Browns	Plains BC QLD 4118	
	Or to your Trail	ining Consultant	
Office use only	Tick	Staff Initial	Data completed
Office use only  Notification of Cancellation of Studies received		Giail Illiudi	Date completed
Cancellation processed on database			
Statement of Attainment sent to student			
Letter of cancellation sent to employer (if applicable			



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