

Notification of Cancellation of Studies

Student Name: _____
Student Address: _____
Employer Name: _____
Training Consultant's Name: _____
Course: _____

I wish to cancel my studies with TLC Training Solutions.

Date of cancellation: ____ / ____ / ____

I am cancelling my studies for the following reason/s:

I understand my employer will be notified of my notification of cancellation.

Student Signature: _____ Date: ____ / ____ / ____

TLC Training Solutions will send you a Statement of Attainment for all competencies that were completed successfully once we have processed your cancellation of studies.

Please ensure you have read and understood the policy in relation to fees should you decide to cancel, or contact us to discuss the policy linked to your enrolment type.

Trainees and Apprentices must discuss cancellation with their employer and submit to DESBT or STS required notification using the correct Departmental form.

Refer to your Student Handbook for further details.

***Please return this form to TLC Training Solutions
PO Box 508 Browns Plains BC QLD 4118
Or to your Training Consultant***

<i>Office use only</i>	<i>Tick</i>	<i>Staff Initial</i>	<i>Date completed</i>
Notification of Cancellation of Studies received	<input type="checkbox"/>	_____	____ / ____ / ____
Cancellation processed on database	<input type="checkbox"/>	_____	____ / ____ / ____
Statement of Attainment sent to student	<input type="checkbox"/>	_____	____ / ____ / ____
Letter of cancellation sent to employer (if applicable)	<input type="checkbox"/>	_____	____ / ____ / ____