

Course Withdrawal Form



SEVERN
BUSINESS
COLLEGE

PART A: TO BE COMPLETED BY THE STUDENT

All fields must be filled

Title <i>(Please circle)</i>	Mr Miss Ms Mrs	Student Number	
First Name		Family Name	
Date of Birth	____/____/____	Phone Number	
Email			
Address			

PART B: Course Name and Start Date

Course Name	Start Date
	____/____/____

PART C: Reason for Withdrawal

PART D: DECLARATION BY STUDENT

I declare that I am withdrawing from the above course (part b) and for the above reason (part c).

I have paid all my fees and nothing is outstanding.

I am aware that all fees are non-refundable and non transferable.

Signature		Date	____/____/____
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PLEASE COMPLETE THIS FORM AND RETURN TO: admission@severnbusinesscollege.com