# STUDENT WITHDRAWAL APPLICATION

Any student wishing to withdraw from their studies once enrolled with SERO Institute must complete this form.

Please return this document to: **SERO Institute**
**PO Box 2547**
**Southport BC, QLD**
**4215**

| Personal Details | | | | | |
|---|---|---|---|---|---|
| Given Name: | | Last Name: | | | |
| Date of Birth: | | Home phone: | | Mobile: | |
| Address: | | | | | |
| Suburb/Town: | | State: | | Postcode: | |
| Qualification: | | | | | |
| Withdrawal details: | | | | | |
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Student signature: _____ Date: _____