



Shillington Enrolment Cancellation Form

Campus location

Course start date
(DD/MM/YYYY)

Full-time or part-time? (please circle)

Student Name

Student Number

Address

Phone

Email

Reason for enrolment cancellation

Date of enrolment cancellation
(DD/MM/YYYY)

Signature _____

Note: To confirm cancellation, the student must e-mail this form to Shillington staff and confirm receipt by date listed above.

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