



Release Letter Request Form

Student Name :		
Date Of Birth :	Student ID:	
Address :		
	Postcode:	
Contact Phone Number :	Mobile :	
Email Address :		
	Last Class Attended On	
Release Effective From :		
Please specify the reason for leaving <i>a</i>		
g.	g	
NOTE:		
 Attach any relevant supporting docum 		
• Release Letter will be provided at no c	S S S S S S S S S S S S S S S S S S S	
•	rtment of Home Affairs (DHA) regarding any vi	sa changes to the student visa.
	10 working days of submitting this form.	
 Student is requested to refer to Refund 	a Policy for any relevant refunds.	
STUDENT SIGNATURE:	: DATE:	
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FOR OFFICE USE ONLY:		
Application Received By:		
Name :	Sign:	Date :
Accounts Department Approval :	1 2	
Name:	Sign:	Date :
Academic Department Approval :	<u> </u>	,
Name :	Sign:	Date :
Admin Department Approval :	1	
Name :	Sign:	Date :

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