



WELLPARK
College of Natural Therapies

WITHDRAWAL FORM

STUDENT NAME: STUDENT ID:

NAME OF QUALIFICATION: DATE:/...../.....

SIGNATURE:

Please be aware that NO refunds will be given on any courses enrolled in (even those which have not yet begun) after day 8 of the commencement of your Programme.

I would like to withdraw from the above qualification: YES / NO

What are your reasons for leaving?

- Financial/ I don't have time to study
- I am struggling with learning
- Going to study elsewhere
- Personal

Please provide details as appropriate:

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What services did you utilize at the college before finalizing your decision to withdraw?

- Counselling session at the Prema Clinic
- Free Academic Clinics
- Meeting with Faculty Support Personnel
- Meeting with Programme Leader

Please provide details as appropriate:

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Is there anything that the college could have done further to help you complete your studies:

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Please forward this form to Faculty Support facultysupport@wellpark.co.nz . Please note that you will be removed from Moodle, please ensure that you download and keep any documents from Moodle BEFORE returning this form.

Office Use Only-----

- Recorded on Withdrawal/deferral Spreadsheet
- Notified staff and Education Subcommittee
- Withdrawn Student from SMS correctly
- Asked Librarian to remove from Moodle
- Uploaded form to student's file on SMS

Faculty Support Signature DATE:/...../.....