



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.

Forward the completed Form to Faculty Support - facultysupport@wellpark.co.nz.

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
- I am intending to study elsewhere
- Personal reasons

Please provide us with details as appropriate:

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What support services did you utilise at the College before finalising your decision to withdraw?

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

Please provide us with 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 note: As your files and access will be removed from Moodle, ensure that you download and keep any documents from Moodle BEFORE returning this Form.

ADMINISTRATION 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- Withdrawn Student from SMS correctly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:/...../.....