



**WELLPARK**  
COLLEGE OF NATURAL THERAPIES

**Wellpark College of Natural Therapies**

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facultysupport@wellpark.co.nz

**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](mailto: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.

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- Withdrawn Student from SMS correctly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

