

Application for Release

This form is for a change of provider prior to the mandatory 6 months completion of the 'principal course of study'. Please refer to Transfer between Registered Providers Policy to determine if you meet the requirements to be granted a Letter of Release.

If you have completed more than 6 months of the principal course of study, please fill in the Application for Student Withdrawal Form available from our website or at reception on the

locations below.				
Student		Stude	ent	
Name:		Numb	oer	
Course:				
Address:				
Phone:		Email	•	
Reason(s) for release:				
Please Attach:	S			y other relevant supporting
	Provider			cumentation
Student Signature:		Date:		
AUTHORISED BY:				
Chief Executive Officer:		Date:		
Student Services Manager:		Date:		
Please submit this form via email to admin@anibt.edu.au or at ANIBT Reception, located:				

Level 9/474 Flinders Street,

Melbourne VIC 3000

Tel: 61-3-9620 2922

AND

Unit 2-4/306 Albert Street,

Brunswick VIC 3056 Tel: 61-3-9388 0402

Please note you have not been officially withdrawn from ANIBT until this application is approved and you are notified in writing. If you do not have written confirmation of your cancellation of enrolment at ANIBT and you do not attend your scheduled classes, you will be marked absent and, reported for non - commencement of studies.

City Campus: Level 13/474 Flinders St, Melbourne

Brusnwick Campus: Units 2-4, 306 Albert Street, Brunswick

https://www.anibt.edu.au/

RTO Code: 21368 | CRICOS Code: 02506B