INSTITUTE OF
MANAGEMENT AND TRADE

Enrolment Cancellation Form

STUDENT DETAILS	
Student ID	
Name	
Address	
Date of Birth	
Email	

CANCELLATION DETAILS	
Course Code and Name	
Course Start Date	
Cancellation Effective From:	

Please outline reasons/circumstances for requesting cancellation:

Do you have any supporting evidence for the reason(s) outlined above?

- ❑ **YES**
- ❑ **NO**

Note: If you are requesting to change course, please complete_ECoE change form.

Student Declaration:
I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay the processing of this application.

Student Signature		**Date**	

OFFICE USE ONLY

Received by:
Approved by Manager (please circle) YES / NO
PRISMS update CoE Cancelation (please circle) YES / NO
SMS update CoE Cancelation (please circle) YES / NO

Manager Signature:
Date: