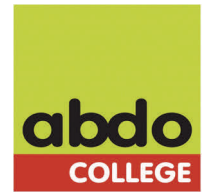


**Withdrawal Form**  
**(to be completed by student only)**



In the event that you no longer wish to study the course for which you have applied, please complete and return this form to the address below together with any course work issued to you.

Verbal requests will not be actioned.

Requests from Practice Managers/Supervisors will not be actioned.

**Important**

If you withdraw after your place on the course has been confirmed but **within** three weeks of the course start date, **£200.00** will be deducted from your refund to cover administration costs. **No** refund will be given for withdrawals more than **three** weeks after the course start date.

I hereby confirm that I no longer wish to study the following ABDO College course.

Course withdrawing from: \_\_\_\_\_

Name of student: \_\_\_\_\_

Membership no.: \_\_\_\_\_

I enclose the course assignments: Yes / No  
(refunds will not be issued if coursework has not been returned in good order)

Signature of student: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for cancellation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

Return to: Claire Raffill  
ABDO College, Godmersham Park, Godmersham, Canterbury,  
Kent, CT4 7DT