COURSE CANCELLATION REQUEST FORM

If you wish to cancel your course, please complete this form and return it to our Administration team by email at evolve@evolve.college.

STUDENT DETAILS

<table>
<thead>
<tr>
<th>Given Name/s:</th>
<th>Family Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID:</td>
<td>Date of birth: (dd/mm/yy)</td>
</tr>
<tr>
<td>Course name &amp; code:</td>
<td>Date of enrolment:</td>
</tr>
<tr>
<td>Street address:</td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td>Postcode:</td>
</tr>
<tr>
<td>Mobile Tel:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

REQUEST FOR CANCELLATION

I wish to cancel my enrolment in the following:
- [ ] HLT42015 Certificate IV in Massage Therapy
- [ ] HLT52015 Diploma of Remedial Massage
- [ ] Other: _____________________

Why are you seeking to cancel your course?

COURSE CANCELLATION CONDITIONS

If you wish to terminate your studies before the completion of the course, you must notify Evolve College using this form.

- If you are an up-front fee paying student, a refund of the Course Fee will only be issued if Evolve College receives the Course Cancellation Request within 10 calendar days of the Enrolment Agreement Date, as specified in the Student Agreement or otherwise as subject to our Fees, Charges and Refunds Policy and Procedure, available at www.evolvecollege.com/policies.
- If you have paid for part or all of your course via a VET Student Loan (VSL) (applicable only for HLT52015 Diploma of Remedial Massage students who have elected to pay via a VSL), then any re-crediting of any fees/loan balance will be subject to the Student Fees Re-crediting Policy and Procedure, available at www.evolvecollege.com/policies.

STUDENT DECLARATION

By signing below, you declare that:
- I have read the conditions and declare that the information I have provided is correct and complete. I understand that any course cancellation must comply with the terms and conditions of enrolment as per the terms set out in the Evolve College Enrolment form and Student Agreement.

Signature: ____________________________
Date: _______________________________

OFFICE USE ONLY

Date received: _______________________
Date processed: _______________________
Course cancelled: [ ] YES [ ] NO
Reason: ______________________________
Refund issued: (Only Yes if within 10 day cancellation period) [ ] YES [ ] NO
If Yes, amount: $________
Executive Manager Operations signature: ____________________________

www.evolvecollege.com