



RIVERVIEW LEADERSHIP COLLEGE

Student Request for Withdrawal

Name: _____

Address: _____

_____ Postcode: _____

Complete withdrawal Subject withdrawal

Reason for withdrawal

Interview Date: _____

**WITHDRAWAL FROM RLC
EFFECTIVE AS FROM:**

Date: _____

SIGNED	_____	DATE: _____
	<i>Student</i>	
SIGNED	_____	DATE: _____
	<i>Staff member</i>	

Please note:

1. Withdrawing from Riverview Bible College incurs a withdrawal fee of \$200 for full time students and \$15 per subject for Part Time Students
2. All remaining Course fees and overseas health cover fees will be refunded as from this date.
3. The Immigration Department will be notified of the withdrawal for Full Time International students.