



Single Course Provision Withdrawal

Withdrawal Notification

Student surname: _____ Student first name: _____

Course: _____ Year: _____

School name: _____

Supervisor email address: _____

Reason for withdrawal:

Checklist and declaration

This is to notify Finigan School of Distance Education that the above student has:

- ☐ ceased study with Finigan School of Distance Education as of the following date _____
- ☐ been withdrawn from Schools Online, NESA (Finigan School of Distance Education 4661)
- ☐ returned all resources to Finigan School of Distance Education.

Parent/carer's name: _____

Parent/carer's signature: _____ Date: _____

Principal's name: _____

Principal's signature: _____ Date: _____

FSDE OFFICE USE ONLY

Date: _____ Signed: _____

Withdrawn DEMS ☐

Withdrawn ERN ☐