

Learner Withdrawal



Tertiary Education Commission
Te Amorangi Mātauranga Matua

Programme Details

Programme name

Programme number

Office Use

Entered on: / /

Entered by:

Learner Details

Learner's name National Student Number

Withdrawal Details

Withdrawal date
(day) (month) (year)

Last date of attendance
(day) (month) (year)

Withdrawal Reason

What is the learner's intended destination after leaving this programme? (please tick only one)

Employment

Further Training with Another TEO

Other

Employer name

Hours per week

Contact person

Contact telephone number (0)

TEO name

Programme name

Hours per week

Contact person

Contact telephone number (0)

Please specify

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Does the learner's destination relate to this programme?

YES or NO

Provider Declaration

I certify that, to the best of my knowledge and belief, the information relating to this learner is true and correct.

Signed Print Name Date / /

Provider name Provider number