**

Form WIDR1

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| **Title:** | **Confirmation of Withdrawal from Centralia Course** |

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| Name of School: |  |
| School Location: |  |
| Tutor Name: |  |
| **Name of learner:** |  |
| **Original Course commencement Date:** |  |
| **Withdrawal date:** |  |

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| **Reason for withdrawal:** |  |
| **The student withdrawing confirms that they wish to take no further part in the course and relinquishes all rights thereof.** | **YES / NO** |

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| **Student signature:** |  |
| **Tutor Signature:** |  |

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| **Centralia Confirmation of****Withdrawal:** |  | **Date:** |  |