



COURSE WITHDRAWAL FORM

Please complete this form and return to Electus via:

- i) fax – 08 8221 5518;
- ii) mail – Attention: Training Coordinator
37 Angas Street
Adelaide SA 5000

Name: _____

Student Number _____

Company: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Course Name: _____

Course Date: _____

Date of notification to Electus of intention to withdraw:

Please state your reason for withdrawing:
